

PHACOEMULSIFICATION WORKSHOP

Cataract Surgical Registration Form

<i>Date:</i> 3 rd -4 th August 2018	<i>Venue:</i> Kulliyah of Medicine, International Islamic University of Malaysia, Kuantan	FULL
<i>Date:</i> 4 th -5 th October 2018	<i>Venue:</i> Faculty of Medicine, University of Malaya, Kuala Lumpur	
<i>Date:</i> 15 th -16 th October 2018	<i>Venue:</i> Hospital Selayang, Kuala Lumpur	

PERSONAL INFORMATION (Please fill in the form with CAPITAL LETTERS)

Name : _____

Date of birth : _____ Sex : Male / Female

MYKAD / Passport No. : _____

Professional Role : _____

Employment
Organisation / Institution : _____

Study Organization /
Institution : _____

CONTACT DETAILS

Mobile No. : _____ Office No. : _____

Email : _____

Mailing
Address : _____

Postcode : _____ City : _____

State : _____

If masters' student/trainee,
which year: : 1 / 2 / 3 / 4 Date admission : _____

Have you join this workshop on a
previous occasion? : YES / NO
I have join for this workshop previously on _____

DIETARY REQUIREMENTS (Please tick)

- Normal / Regular Meal Vegetarian
 Others (Please specify) _____

MODE OF PAYMENT: Online banking / ATM transfer

Fees : RM 500

1. **Universiti Malaya** -**Do not proceed payment till registration confirm by organizer.

Account details:

Account Name : BURSAR UNIVERSITY OF MALAYA

Account No : 80-0127999-8

Bank Name : CIMB Bank Berhad, University of Malaya Branch

Person in charge:

Chief Organizer - Dr Penny Lott Pooi Wah

(email: lottpw@yahoo.com)

2. **Hospital Selayang, KKM** - on-site payment.

Person in charge:

Chief Organizer - Dr Wan Mohd Hafidz Bin Wan Abdul Rahman

(email: drwmhafidz77@gmail.com)

Signature : _____ Date : _____

**Seats are limited, do reserve early. Please complete and return registration form to email :
ophtha.secretariat@gmail.com**