



International Conference on Maternal & Child Health

3 -4 March 2016

REGISTRATION FORM

For official use

No

REGISTRANT INFORMATION

Prefix: Dr Ms Mr Other

Full Name:

Name on Badge *Maximum 15 letters*

Organisation

Address

City State Country Postal/Zip Code

Phone Fax Mobile Email

Please indicate special need: Vegetarian meal Other

I will attend as: Delegate Presenter

PHOTOGRAPHY DISCLAIMER

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REGISTRATION FEES Where appropriate

RM300 (SMA/SNPA Members) RM350 (Others) USD250 (International Participant)

MODE OF PAYMENT Where appropriate

By Bank draft/Money Order } *Payable/issue to:* **International Conference on Maternal & Child Health**
 By Local Purchase Order (LPO)

By direct bank transfer to: Maybank 511270055522

Cash (pay directly to Secretariat/Treasurer)

For international participant remit fees via bank transfer to: Maybank 511270055522
Swift code: MBBEMYKL

Signature Date / /

POST your registration form with the bank draft/MO/LPO/bank-in slip to:

Secretariat
International Conference on Maternal & Child Health
c/o Kolej Kejururawatan Sibul
Batu 51/2 Jalan Ulu Oya
C.D.T No 118
96009 Sibul
Sarawak

Alternatively email your registration form as an attachment (JPEG or PDF format) to:
icmch-sec@sarawakmidwives.org.my

Official use (Secretariat).

Date / / Signature

REFUND POLICY

No refund but replacement is permitted.

For enquiries:

Please call +6084-318682/335733 or email us.

INSURANCE The organisers accept no liability for personal injuries sustained, or for loss of or damage to property belonging to participants, incurred either during or as a result of the conference. Delegates are advised to take/buy their own travel insurance policies.