

**REGISTRATION FORM**22<sup>nd</sup> - 24<sup>th</sup> April 2016, Connexion @ Nexus Convention Center, Bangsar South, Kuala Lumpur.**A. DELEGATES DETAILS**

Prof / Dr / Mr / Mrs / Ms .....

(Name to be printed on name badge and certificate, please fill in BLOCK LETTERS )

 Doctor  Nurse  Pharmacist  Dietitian  MA  Diabetes Educator  Others: .....

Organisation: .....

Department: .....

Address: .....

Postcode: .....

State: .....

Country: .....

Telephone: .....

Ext: .....

Mobile: .....

Fax: .....

E-mail: .....

Are you a Vegetarian?  Yes  No**B. REGISTRATION FEES**

Please tick '✓' where appropriate

Category	Early Bird Registration (On or Before 31 <sup>st</sup> Jan 2016)	Normal Registration (After 31 <sup>st</sup> Jan 2016)
MDES member [ MDES Mership Number: ..... ] Student [Attach photocopy of student ID]	<input type="radio"/> RM 550	<input type="radio"/> RM 650
Non-member (Allied Health)	<input type="radio"/> RM 650	<input type="radio"/> RM 750
Non-member (Doctor and PhD)	<input type="radio"/> RM 750	<input type="radio"/> RM 800
International Delegate	<input type="radio"/> RM 1200	<input type="radio"/> RM 1500
Day Registration (Please specify date) <input type="radio"/> 22 <sup>nd</sup> April 2016 <input type="radio"/> 23 <sup>rd</sup> April 2016 <input type="radio"/> 24 <sup>th</sup> April 2016	<input type="radio"/> RM 350/day	<input type="radio"/> RM 400/day

- The registration fee includes admission to all sessions, coffee breaks and lunches ONLY.
- Acceptance of registration is at the sole discretion of the Organising Committee.
- Confirmation of registration will be provided in writing only after receipt of full payment.
- The Organiser reserve the right to make changes and amendments to the programme and arrangements without prior notice.

**C. PAYMENT DETAILS**ALL payment made payable to **MALAYSIAN DIABETES EDUCATORS SOCIETY**

Enclosed is my total payment of RM ..... to be made through: (tick where appropriate)

 1. Local Order (for Malaysians Only)

LO Reference No: .....

 2. Cheque No: .....

Cheque Issuing Bank: .....

 3. Telegraphic Transfer

T.T Reference No: .....

T.T. From (Bank Name) .....

\* Important Note: Please scan your TT slip and email to the Secretariat for verification

#### D. TERMS AND CONDITIONS

- All payments must be made in Ringgit Malaysia (RM). International delegates can make payment by Telegraphic Transfer. Malaysian delegates can make payment by Local Cheque, Local Order or Telegraphic Transfer.
- Please note that all related bank charges or financial charges are to be borne by the delegates and are not to be deducted from the fees payable to the conference.
- Company Cheque (for Malaysian only), Local Order (for Malaysian only) or Telegraphic Transfer is to be made to the following bank account:

Account name: **MALAYSIAN DIABETES EDUCATORS SOCIETY**

Name of bank: **MAYBANK**

Account no: **5142-5350-9484**

Address: **Dataran Maybank Branch, Level 1, Tower A, Dataran Maybank, No. 1, Jalan Maarof Bangsar, 59000 KL**

SWIFT code: **MBBEMYKL**

#### E. CONFIRMATION

- Registration will only be confirmed upon receipt of FULL PAYMENT
- Upon receipt of the FULL payment, the Secretariat will send you a Confirmation Letter via email.
- Please bring along the Confirmation Letter and present it at the time of Registration at the Conference.

#### F. CANCELLATION POLICY

- Cancellation of registration must be made in writing to the Secretariat. Refunds will only be made after the Conference.
  - Cancellation received on or before 28th Feb 2016: 50% refund
  - Cancellation received after 28th Feb 2016: No refund
- \* Paid registration fee is not refundable after the stipulated date for whatever reasons, including failure of obtaining VISA.

Please forward the completed Registration Form to:

**MDES 2016 CONFERENCE SECRETARIAT**

**c/o HYMC Support Services**

A-5-10, Empire Tower, Jalan SS16/1, 47500 Subang Jaya, Selangor, Malaysia.

Tel: +603-50331617 Fax: +603-62076715 Email: mdes2016@gmail.com

***For more information, please visit: [www.mdes.org.my](http://www.mdes.org.my)***

I ..... I/C No / Passport No: ..... hereby  
acknowledged read, understood and agreed on the above terms and conditions.

Signature: ..... Date: .....

m@dEs