



Registration Form

(tick as appropriate)

Date Received : _____

Matron / DON
 PROF

Nurse Manager / Sister
 DR

Staff Nurse
 MR

Student
 MISS

Name (Full name as per passport) : _____

Hospital / Institution : _____

Full Address : _____

City : _____ State : _____ Postal Code : _____

Telephone / Hp No : _____ Fax : _____

Email : _____

Special dietary requirements : Nil Vegetarian Others (please specify)
(Kindly indicate with a tick✓)

If sponsored by company, kindly fill-up the following details:

Name of Sponsor Company : _____

Contact Person Name : _____

Telephone / Mobile No : _____ Email : _____

REGISTRATION FEE (Kindly indicate with a tick✓)

Early Birds – RM400.00 (Before 14th May 2010)
 Normal Registration – RM450.00

Foreign Delegates

Early Birds – USD 200
 Normal Registration – USD 250

PAYMENT MODE

Payment by Cheque Bank Draft Postal Order (Wang Pos) LPO

Amount : RM _____ Cheque / Bank Draft / Postal Order / LPO No : _____

Confirmation upon clearance of cheque

Please complete the Registration Form and send it along with your payment. Forms received without payment will not be considered as confirm registration. Registration Closing Date: 11th June 2010 (Fri).

All cheques/bankdraft payment should be crossed and made payable to:
"Institut Jantung Negara Sdn Bhd". Kindly courier payment to :

Attn : **Ms Carrie Ho**

The Secretariat of Malaysia's First Cardiac Nursing Conference 2010

c/o Novartis Corporation (M) Sdn Bhd

Level 15, CREST, 3 Two Square

No. 2, Jalan 19/1, 46300 Petaling Jaya

Tel : 603 - 7948 1888 ext 1851 Fax : 603 - 7948 1604 / 1605

Online Registration : www.cnc2010@ijn.com.my

Email : cnc2010@ijn.com.my