

# XI<sup>th</sup> MALAYSIAN CONGRESS AND EXHIBITION ON ALLERGY AND IMMUNOLOGY

## 12<sup>th</sup> - 14<sup>th</sup> March 2010

**Shangri-La Hotel**  
**11, Jalan Sultan Ismail, 50250 Kuala Lumpur, Malaysia**

### REGISTRATION FORM

Title: Prof  Dato  Dr  Mr  Mrs  Miss

MSAI Member: Yes / No

Full Name : \_\_\_\_\_

Mailing address : \_\_\_\_\_

Company/Organisation/Institute : \_\_\_\_\_

Office Telephone : \_\_\_\_\_ Facsimile : \_\_\_\_\_

e-mail : \_\_\_\_\_ Speciality : \_\_\_\_\_

#### REGISTRATION FEES (Please tick one box only)

##### Including Workshops and Symposia

	Before or on 20 <sup>th</sup> February 2010	After 20 <sup>th</sup> February 2010	Amount Paid
*MSAI Members	RM400.00	RM500.00	_____
Non Members	RM550.00	RM650.00	_____
Nurses Workshop Only	RM250.00	RM300.00	_____
Foreign Participants	US\$200.00	US\$250.00	_____
Accompanying Person (Foreign)	US\$300.00	US\$350.00	_____
<b>MEMBERSHIP</b>			
Renewal of Annual Subscription		RM 50.00	_____
<b>New Membership</b>			
Ordinary: (Entrance Fee + Subscription)		RM150.00	_____
Life: (One time payment – No Entrance Fee Required)		RM1,000.00	_____
		<b>TOTAL</b>	_____

#### MODE OF PAYMENT CASH / CHEQUE / BANK DRAFT / TELEGRAPHIC TRANSFER

If you make payment direct to our bank, please fax 'proof' of payment. Do not send cash in the post.

Cheques should be made in favour of:

**"MALAYSIAN SOCIETY OF ALLERGY AND IMMUNOLOGY"**

Cheque No. \_\_\_\_\_

**\*Only MSAI Members who have paid their subscription to-date are eligible for this special registration fee.**

If you are making payment via telegraphic transfer, please remit as follows:

Name of Bank : Maybank Berhad  
 Address of Bank : Lot AG 129 & 10, Block A, Ground Floor, Plaza Pekeliling 2,  
 Jalan Tun Razak, 50400 Kuala Lumpur, Malaysia  
 Account Name : Malaysian Society of Allergy and Immunology  
 Account Number : 514075332529

\_\_\_\_\_  
 Signature of Participant

Date: \_\_\_\_\_

Please make all payment to **"MALAYSIAN SOCIETY OF ALLERGY AND IMMUNOLOGY"**

Please send this completed form and enclosed payment to:

#### MSAI SECRETARIAT

142, Jalan Ipoh  
 3<sup>rd</sup> Floor, UMNO Selangor Building  
 51200 Kuala Lumpur  
 Tel: 6 03 4041 0092, 6 03 4041 6336, 6 03 4042 7919  
 Fax: 6 03 4042 7919, 6 03 4042 6970, 6 03 4041 4990  
 e-mail: dr\_harnam@hotmail.com  
 web site: www.allergymsai.org  
 For more information on Allergy visit: www.xyzofallergy.org

#### FOR SECRETARIAT USE ONLY

Date Received: \_\_\_\_\_

TOTAL AMOUNT: US\$ \_\_\_\_\_ RM \_\_\_\_\_

Receipt No: \_\_\_\_\_

Registration No: \_\_\_\_\_