

REGISTRATION FORM**A. DELEGATE DETAILS**

Prof / Dr / Mr / Mrs / Ms

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

 Doctor Nurse Pharmacist Dietician MA Diabetes Educator Others:

Organisation: Department:

Address:

Postcode: State: Country:

Telephone: Ext: Mobile:

Fax: E-mail:

Are you Vegetarian: Yes No**B. REGISTRATION FEES**

Please tick '✓' where appropriate

| Category | Early Bird Registration On or Before 28 th Feb 2014 | Normal Registration After 28 th Feb 2014 |
|---|---|--|
| MDES member (MDES Membership Number: _____) | <input type="radio"/> RM 450 | <input type="radio"/> RM 500 |
| Student (Attach photocopy of student ID) | | |
| Non-member (Allied Health) | <input type="radio"/> RM 650 | <input type="radio"/> RM 700 |
| Non-member (Doctor and PhD) | <input type="radio"/> RM 750 | <input type="radio"/> RM 800 |
| International Delegate | <input type="radio"/> RM 1000 | <input type="radio"/> RM 1200 |
| Day Registration (Please specify date) | | <input type="radio"/> RM 300 / day |
| <input type="radio"/> 25 th April 2014 <input type="radio"/> 26 th April 2014 <input type="radio"/> 27 th April 2014 | | |

a. The registration fee includes admission to all sessions, coffee breaks and lunches ONLY

b. 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.

C. PAYMENT DETAILSALL 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

 4. Credit Card
Type of Credit Card: Visa Master AMEX
I authorise Console Communications Sdn Bhd to debit the total amount of RM _____ from my Credit Card (details provided below) for the registration fees.

Name of Card Holder: Credit Card Number: _____

Expiry Date (MM/YY): Card Issued by (Bank): _____

*CBC / CVC Code: Credit Card Authorised Signature

*Visa / Master: The last 3 digit number on the reverse side of your card.

*AMEX: The 4 digit number on the left / right of your card. _____

D. TERMS AND CONDITIONS

- All payments must be made in RM. International delegates can make payment by Credit Card or Telegraphic Transfer. Malaysian delegates can make payment by Local Cheque, Local Order, Credit Card or Telegraphic Transfer.
- Please note that all related bank charges, financial charges or credit card commission (5%) 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), and 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 1st March 2014: 50% refund
- Cancellation received after 1st March 2014: 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:

SECRETARIAT

c/o Console Communications Sdn Bhd

Suite 12.9, Level 12, Wisma UOA II, 21, Jalan Pinang 50450 Kuala Lumpur

Tel: +603 2162 0566 Fax: +603 2161 6560 Email: marcus@console.com.my

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

Signature: _____ Date: _____