

REGISTRATION FORM



Asia Pacific Hospice
Palliative Care Network

PALLIATIVE CARE WORKSHOP ON GRIEF & BEREAVEMENT CARE

8 – 9 DECEMBER 2018



Venue : Auditorium (Level 1),
Hospis Malaysia
2, Jalan 4/96
Off Jalan Sekuci
56100 CHERAS

<u>Registration Fees</u>	<u>Normal</u>	<u>International</u>	<u>APHN Members</u>
Doctors	RM300	USD 75	RM230 / USD60
Nurses/Allied	RM250	USD 65	RM 180 / USD 45
Healthcare Professional			

Fees include registration, lunch and 2 coffee breaks

CLOSING DATE: 3 DECEMBER 2018

Registration can be made either online at our website: www.hospismalaysia.org or completed registration form emailed to: education@hospismalaysia.org or faxed to: 6 (03) 9133-3941. This form can be downloaded from our website. We will respond by email or phone to confirm your participation upon receiving your registration.

(Registration is not transferable)

Name of Participant :

Address :

Contact No : (O) _____ (H/P) _____ (Fax) _____

Category : Doctor Nurse Others Email: _____

Vegetarian : Yes No

Attendance certificate will only be awarded to participants who complete the full program. No Certificate will be issued for partial attendance.

Method of payment

- Cheque/postal order/money order/government local order payable to “Hospis Malaysia”
- Direct remittance to “Hospis Malaysia” to Maybank Account No: 5141 3212 1211, Cheras Branch, Taman Midah.
- Overseas Telegraphic Transfer (TT) to Hospis Malaysia to Maybank Account No: 5141 3212 1211, Cheras Branch, Taman Midah. Swift Code: MBBEMYKL
- Credit Card
- Cash at point of registration

The above is a staff of _____
Department/Hospital)

Authorised Signature _____ Date : _____

For more information, please contact Ms.Kai Lee at: 6 (03) 9133 3936 extension 207 or email: education@hospismalaysia.org between 0800 – 1700 hours (GMT + 8) from Mondays to Fridays