

# REGISTRATION FORM



Asia Pacific Hospice  
Palliative Care Network

## PALLIATIVE CARE WORKSHOP ON PAIN & SYMPTOM MANAGEMENT

28 – 30 SEPTEMBER 2019



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

Registration Fees	Normal	International	APHN Members
Doctors	RM350	USD120	RM280/USD90
Nurses/Allied	RM300	USD100	RM230/USD75
Healthcare Professional			

# Fees include registration, lunch and 2 coffee breaks

## CLOSING DATE: 23 SEPTEMBER 2019

Registration can be made either online at our website: [www.hospismalaysia.org](http://www.hospismalaysia.org) or completed registration form emailed to: [education@hospismalaysia.org](mailto: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
- 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](mailto:education@hospismalaysia.org) between 0800 – 1700 hours (GMT + 8) from Mondays to Fridays