

11th NatCAM Registration Form

Name: _____

Clinic Name/
Institution: _____

Mailing Address: _____

WhatsApp No.: _____

E-mail No.: _____

Identity Card No.
(For CPD points): _____

Registration Fees

Category		Amount
Registration fees*	150.00	

**complimentary AMAM membership for 1 year*

Payment

Enclosed is my payment of RM _____ in favour of
"IPH Pharmaceuticals Sdn. Bhd."

Payment can be made online to the following account:

Account Name: IPH Pharmaceuticals Sdn. Bhd.
Name of Bank: Maybank
Address of Bank: Jalan Pudu, Kuala Lumpur Branch
Account Number: 5140-4862-0937
Swift Code: MBBEMYKLPUD

*Please email or WhatsApp the registration form & transaction slip to Razman (WA: 011-2147 8748)
e-mail: iphrx2@gmail.com*

Date: _____

Signature _____