

REGISTRATION FORM

(Photocopies of this form are acceptable)

6TH FPMPAM ANNUAL SCIENTIFIC CONVENTION 2024 INCORPORATING 12TH NATIONAL CONFERENCE OF ADDICTION MEDICINE

PERSONAL PARTICULARS

Title Prof Dr Dato' Datin Mr Mrs Ms

Full Name _____

Name on Badge (Limited to 15 letters)

Institution / Clinic _____

Institution / Clinic Address _____

Correspondence Address _____

Office / Clinic Telephone _____

Facsimile _____

Mobile _____

Email _____

IC No. _____

(compulsory)

GP Specialist Please specify _____

PHCFS Act Reg. No. _____

APC No. _____

REGISTRATION FEES (DAY 1 / DAY 2 / DAY 3)

Category	By 21 st August 2024	On Site
Members of AMAM/FPMPAM/IPHS	RM 400	RM 500
Non-Members of AMAM/FPMPAM/IPHS	RM 500	RM 600
Trainees and Medical Officers	RM 400	RM 500

PAYMENT

1. Payment by cheque, to be issued in favour of the "IPH Pharmaceuticals Sdn Bhd"

Cheque No. _____ Bank _____ Amount _____

2. Payment via telegraphic transfer to:

Account Name : IPH Pharmaceuticals Sdn Bhd

Account Number : 3193716826

Name of Bank : Public Bank Berhad

Please send proof of bank transfer to iphsbdu1@gmail.com (Attention: **Ms Ilya Ariffin**)

I hereby confirm that the registration fee is solely for the purpose of attending to this:

6TH FPMPAM / ANNUAL SCIENTIFIC CONVENTION 2024

INCORPORATING 12TH NATIONAL CONFERENCE OF ADDICTION MEDICINE by FPMPAM / AMAM

Signature _____

Date _____

For further information or inquiries, please contact the **AMAM Secretariat** through mobile-call and whatsapp, to **Ms Ilya Ariffin** at +6011 5850 5946, or email to aleyaariffin1@gmail.com

HOTEL ACCOMMODATION

6TH FPMPAM ANNUAL SCIENTIFIC CONVENTION 2024 INCORPORATING 12TH NATIONAL CONFERENCE OF ADDICTION MEDICINE

COURTYARD BY MARRIOTT, SETIA ALAM, SELANGOR

No. 6, Jalan Setia Dagang AH U13/AH, Seksyen U13, Setia Alam, Selangor, Malaysia

TELEPHONE 603 5021 9888 EMAIL FOR BOOKING steven.cheong@courtyard.com

WEBSITE www.courtyardsetiaalam.com

From _____

Company _____

Date _____

Tel _____

Fax _____

Email _____

Name of Guest(s) (1) _____

(2) _____

Arrival Date _____

Flight Details / ETA _____

Departure Date _____

Flight Details / ETD _____

ROOM RESERVATION	RATE	NO. OF ROOM(S)
Guestroom Room	RM 380 (nett) per night including breakfast for one or two pax	

BILLING INSTRUCTIONS

Guaranteed By Mastercard VISA Amex Others :

Credit Card No. _____

Expiry Date _____

Please provide the 3-Digit Security Code No.

Cash Bank Draft Cheque (Full Prepayment)

If mode of payment is by cash / bank draft / cheque, the Hotel will forward a Pro forma Invoice with complete bank details.

Unguaranteed reservations will be subject to cancellation after 1800 hrs on arrival date.

(Please provide a photocopy of your credit card – front & back)

Remark: Guest will be responsible for any claims made by the Hotel for loss on exchange arising from accounts settled by foreign currencies.

Authorised Signature _____

Cardholder's Name _____

Confirmed By _____

Company Stamp _____

Confirmation No. _____