CONFERENCE REGISTRATION FORM

13th Continuing Professional Development (CPD) Series:
“Diabetes Asia 2014” Conference
October 16-19, 2014
Kuala Lumpur, MALAYSIA

Please type or print your particulars in BLOCK letters.

Name: Prof/Dr/Mr/Mrs/Ms ____________________________________________

Family Name/ Surname (If any): ______________________________________

Organisation: ______________________________________________________

Mailing Address: ____________________________________________________

__________________________

Postcode: _________ State: ___________ Country: ______________________

Telephone (Off): ___________________ (M): ____________________________

Fax: _____________________________ E-mail: ___________________________

Name to appear on conference certificate: ______________________________

Name to appear on conference name tag: ______________________________

☐ Submit for a FREE PAPER presentation (oral / poster)*
☐ Submit for PROF MUSTAFFA YOUNG INVESTIGATORS’ AWARD**

Meals: ☐ Normal ☐ Vegetarian

*Delete whichever is not applicable
**Oral presentation only; please fill in the Declaration Form

Conference Venue:
Sunway Pyramid Convention Centre
Persiaran Lagoon, Bandar Sunway
46150, Petaling Jaya, Selangor, MALAYSIA
Conference Fees

<table>
<thead>
<tr>
<th>Registration</th>
<th>EARLY BIRD REGISTRATION before July 31, 2014 (Please tick)</th>
<th>AFTER July 31, 2014 (Please tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>International</td>
<td>Local**</td>
</tr>
<tr>
<td>Delegate</td>
<td>USD400</td>
<td>RM850</td>
</tr>
<tr>
<td>Paramedic / Allied Health</td>
<td>USD350</td>
<td>RM800</td>
</tr>
<tr>
<td>Post Graduate Students*</td>
<td>USD350</td>
<td>RM800</td>
</tr>
</tbody>
</table>

*Official endorsement from institution is required

**Subsidised rates

Cancellation & Transfer

- If you are unable to attend, a replacement participant is allowed at no extra cost provided written notice is given prior to the Conference.
- A 90% refund can be made for cancellation received in writing or by fax at least 4 weeks before the Conference.
- A 50% refund will be given if cancellation is received 14 days before the Conference.

Mode of Payment^^

I enclosed herewith Crossed Cheque/Bank Draft/Money Order/Local Order^^

(No. ..........................................................) of USD/RM ..........................................................

________________________
Signature

________________________
Date

^ Crossed Cheque/Bank Draft/Money Order/Postal Order/Local Order should be made payable to the National Diabetes Institute.

^^ Payments made through Crossed Cheque/Bank Draft/Money Order/Local Order should be sent directly with the registration form to the Conference Secretariat.

Secretariat Address:

NATIONAL DIABETES INSTITUTE

National Diabetes Institute (NADI)
No.1, Jalan SS3/50
47300 Petaling Jaya
Selangor
MALAYSIA

Email: enquiry@nadidiabetes.com.my
Tel: 603 - 7876 1676 / 1677    Fax: 603 – 7876 1679
Website: diabetesmalaysia.com.my