



**MALAYSIAN SOCIETY OF HYPERTENSION  
15th ANNUAL SCIENTIFIC MEETING 2018  
SHANGRI-LA HOTEL, KUALA LUMPUR  
19th – 21st JANUARY 2018**

**REGISTRATION FORM**

Date Received*	Registration Number*
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\*For Official Use

Professor  Assoc. Professor  Doctor  Mr  Mrs  Ms

*Full Name (as per I.C./Passport):		
*Institution:		
*Address:		
City:	Country:	Postal Code:
*Tel:	*Fax:	
*Email:		

\*Mandatory Field

Cardiologist       Internist       GP/Family Physician       Medical /Health Officers  
 Nurse / Technician / Pharmacist       Industry Employee       Young Investigator Award

**REGISTRATION FEE**

Registration Fees	RM	USD
Doctors and Allied Health Professionals (MSH members)	RM 750.00	-
Doctors and Allied Health Professionals (non-MSH members)	RM 800.00	-
International Delegates	-	USD 500.00
Sunday Half-Day Workshop (Nurses / Medical and Allied Professionals)	RM 300.00	-
<b>TOTAL REGISTRATION</b>		

**PAYMENT**

Please make payment payable to **MSH Annual Scientific Meeting**

Payment for the amount of RM/USD \_\_\_\_\_ is made through:

Cheque no. : \_\_\_\_\_ by (Bank) \_\_\_\_\_

Bank Draft no.: \_\_\_\_\_ by (Bank) \_\_\_\_\_

Or by direct transfer to:

Beneficiary : **MSH Annual Scientific Meeting**  
 Bank : Standard Chartered Bank  
 Account No. : **620-1-0017350-9**  
 Swift Code : SCBLMYKXXXX

Please e-mail the registration form and payment confirmation to (a copy of payment bank-in slip, if applicable):

**Event Organiser**

**Contact Person:** Fay Cheah

**Email:** msh.asm.secretariat@gmail.com

**Tel:** +6012 212 1328