



REGISTRATION FORM
MALAYSIAN STERILE SERVICE ASSOCIATION
15TH ANNUAL GENERAL MEETING CONFERENCE AND EXHIBITION

Please Print or type clearly (for certificate)

Name : _____ Membership No. : _____

Date of Birth : _____ I/C No. : _____

Institution : _____ Position : _____

Address (Home) : _____

Address (Office) : _____

Telephone: (Office) _____ (Home) _____

(Mobile) : _____ Email address : _____

PAYMENT

Enclosed herewith Cheque/Money order/ Postal Order/ Bank draft / LPO No : _____

RM/USD _____ payable to **Malaysian Sterile Service Association**

Signature : _____ Date : _____

Note:

- Members shall pay all subscription dues
- Photostat registration forms are accepted
- Please print name clearly (Block Letter) no re issue of certificate for illegible handwriting
- A duly complete registration form with payment must accompany each participant.
- The registration form with payment shall reach the association within the stipulated date.
- For non- attendance no refund will be made, change of delegate is permitted and please **inform at least 4 weeks** before the conference.
- Please make separate payment for annual subscription and conference.
 - Incomplete Registration form } **shall not be accepted**
 - Registration without payment }

Registration forms with payments will only be process. (please do not send registration forms without payment)