

# The Asian Pacific Association for the Study of the Liver Single Topic Conference on Hepatitis C



3<sup>rd</sup> - 5<sup>th</sup> August 2018 Connexion Conference & Event Centre, Bangsar South, Kuala Lumpur, Malaysia

## REGISTRATION FORM

(Photocopies of this form are accepted)

### Secretariat

Unit 1.6, Level 1, Enterprise 3B, Technology Park Malaysia  
Jalan Innovasi 1, Bukit Jalil, 57000 Kuala Lumpur, Wilayah Persekutuan  
Tel: (603) 8996 0700, 8996 1700, 8996 2700 Fax: (603) 8996 4700  
Email: admin@apaslstc2018kl.my Website: www.apaslstc2018kl.my

### PERSONAL PARTICULARS

Title  Prof  Dr  Datuk  Dato'  Datin  Mr  Mrs  Ms

Full Name \_\_\_\_\_

(Please underline surname)

Name on Badge

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(Limited to 15 letters)

Institution \_\_\_\_\_

Correspondence Address \_\_\_\_\_

Office Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Specialty \_\_\_\_\_

### REGISTRATION FEES

CATEGORY	On or Before 31 <sup>st</sup> May 2018	From 1 <sup>th</sup> June to 31 <sup>st</sup> July 2018	On-Site	Amount
<b>Local</b>				
Local Delegate (Including HCV Masterclass)	RM 300	RM 350	RM 400	
Students / Trainees (Including HCV Masterclass)	RM 150	RM 200	RM 250	
HCV Masterclass - 5 <sup>th</sup> August 2018 (1 day registration only)	RM 100	RM 150	RM 200	
<b>Overseas</b>				
Overseas Delegate	USD 175	USD 200	USD 300	

The above rates are inclusive of the 6% GST.

**TOTAL** \_\_\_\_\_

For online registration and payment, please log on to [www.apaslstc2018kl.my](http://www.apaslstc2018kl.my)

### PAYMENT

Payment by cheque is to be issued in favour of "Academy of Medicine of Malaysia"

Bank \_\_\_\_\_ Cheque No. \_\_\_\_\_ Amount (RM) \_\_\_\_\_

Payments can be made via telegraphic transfer to the following account:

Name of Account : Academy of Medicine of Malaysia  
Account No. : 873-1-0377348-5  
Name of Bank : Standard Chartered Bank Berhad  
Address of Bank : Publika, Kuala Lumpur  
Swift Code : SCBLMYKXXXX

(Please return the remittance note along with the Registration Form either by fax or email. Document image by email is also acceptable.)

Date \_\_\_\_\_ Signature \_\_\_\_\_