

REGISTRATION FORM
1ST MALAYSIAN PARAMEDICAL CONFERENCE(MPC) 2024

Name : _____ I.C No. : _____

Institution / Department : _____

Place of Work : _____

Telephone(Office) _____ Fax : _____ Mobile : _____

Email : _____

Registration Fee:

RM 300

Conference Venue and Date:
Bayou Lagoon Resort, Melaka
27 – 29 SEPT 2024

Dietary Requirement:-

Non Vegetarian

Vegetarian

Enclosed herewith is crossed cheque / Local Order / Money Order / Transaction Slip (ATM / EFT)
No:- : _____ for the amount of MYR _____ as registration fee for the
CONFERENCE, payable to "PERSATUAN PEMBANTU PERUBATAN MALAYSIA" Account No:
014150309143 Maybank, Jalan Raja Laut, Kuala Lumpur

Signature: _____

Date: _____

Closing Date :- On or Before 15th September 2024

PLEASE ADDRESS REGISTRATION / ENQUIRIES TO

The Secretariat, 1st Malaysian Paramedical Conference 2024
No.11-2, Wisma Pembantu Perubatan, Jalan Reko Sentral 9, 43000 Kajang, Selangor Darul Ehsan
Tel :- 603-87340109 / Fax : 603-87399452. HJ. JAAFAR BIN MD SHARIFF +6016 7555232
/ MOHD MOKHTAR ABD RAHMAN 03 87340109

REGISTRATION : Online: www.PPPM@gmail.com , Email: pppm.konferens@gmail.com , Fax : 603 87399452