REGISTRATION FORM
NATIONAL CONFERENCE OF MEDICAL ASSISTANTS 2025

Name : _____ I.C No. : _____

Institution / Department : _____

Place of Work : _____

_____

Telephone(Office)_____ Fax : _____ Mobile : _____

Email : _____

I would like to attend the National Conference of Medical Assistants 2025, as(please X):-

Participant	Paper Presenter	Poster Presenter	Secretariat
☐	☐	☐	☐

Registration Fee:

Member	**RM 450.00**	**Registration Fee.**
Non Member	**RM 500.00**	
PRESENTER / SECRETARIAT MUST BE REGISTERED AS PARTICIPANT		

Conference Venue and Date:

Oriental Crystal Hotel, Kajang

3 – 6July 2025

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 21st June 2025

PLEASE ADDRESS REGISTRATION / ENQUIRIES TO

The Secretariat, National Conference of Medical Assistants 2025
No.11-2, Wisma Pembantu Perubatan, Jalan Reko Sentral 9, 43000 Kajang, Selangor Darul Ehsan
Tel :- 603-82107879 / Fax : 603-87399452. HJ. JAAFAR BIN MD SHARIFF 016 7555232
/HJ MANSOR J.A FENNER 019-2575301

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