REGISTRA	TI	0	N		=(DF	RN	Л																							ee (ATS , Malay
REGISTRATION FEE (Delegate/Observer) please (√) □ 2 DAYS USD 100.00 (RM 300) (GMP TASK FORCE ONLY) □ 5 DAYS USD 250.00 (RM 750)											HOW TO REGISTER MAIL the completed registration form with your proof of payment to: Complimentary Medicine Section, Centre of Registration Product, National Pharmaceutical Control Bureau, Ministry of Health Malaysia Lot 36, Jalan Universiti, 46200 Petaling Jaya, Selangor, Malaysia.															nt to:					
	TE DBSERVER																				,					3-		,			
		_	нс	חו									F	AX		+(60)3 7	958	3 13	12											
			AT									@	Е	MA	IL	tmh	s@	bpf	k.g	ov.r	ny										
											(Ø				enqu							2012	o 70	02	E10	0.0	v+ 0	115	/ 55	21
	DET		LS				-						IVI	IS. C	sna		/ 111	S. P		Saiz	ura	+(0	50)3	0 / 0	03	540	0 e	xi.o	415	/ 55	
TITLE	_																										\bot				
NAME																											L]
]
JOB TITLE																															
ORGANISATION																											L]
]
MAILING			L																								╇				
ADDRESS			-																				\vdash				╀	+		+	-
POST CODE			T	Ī	Ī	I	I	Ī	Ī	Ī	Т	ELE	EPH	HON	١E	T	1	Ī	Ī	I		l	Ī				Ť		T	T]
			T	$\overline{1}$	1		i T	1	i T	i T	r T	Γ	Γ	I	T	1	1 T	1	1	r T		1	T	<u> </u>	1	Ť	<u>т</u>	T		$\frac{1}{1}$	-
COUNTRY EMAIL				$\frac{1}{1}$	$\frac{1}{1}$	$\frac{1}{1}$		l T						$\frac{1}{1}$	$\frac{1}{1}$	$\frac{1}{1}$	l T	l T	$\frac{1}{1}$			 		$\frac{1}{1}$	$\frac{1}{1}$	$\frac{1}{1}$	\pm		$\frac{1}{1}$	$\frac{1}{1}$	J
		1			GE	TAF	RIAN	N																							
SIGNATURE																П	ΑΤΕ	-													
																D.														_	
MODE OF PAYMEN Bank draft For the sum of RI Payment should I	·			,] L aysia			No															.							
☐ Visa				er C								American Express Diners Club																			
For Amex, please For Visa/ Master	Card/	/ Dir	ners	Clu	b, pl	ease	pro	vide	3 di	gits	(beh	ind o	cred	it ca	rd) l	/D N	o _						_								
Card number Date							Signa	ature	; _	I			V	/alid	till 						_										
By direct bank tra (Swiftcode: MBBE Adress: Malayan Please send the b	insfer EMYK Bank	· / A [·] (L) ing	TM Berl	into had,	the i 2 Lo	meet	ting I g Ra	bank him	c acc Kaja	coun ai 14	t "Ma , Tai	alays man	sian Tun	Pha n Dr	irma Isma	ceuti ail, 6	cal	Soci	ety".	A/C	No:				967	-2					
For enquiries on pay Malaysian Pharmaceu Tel: (60) 3 80791861 * Malaysian participan	itical / Fax:	Soc : (60	ciety D) 3	(MP 807('S), 0038	16-2 88 / E	, Jali Emai	l: m	spha	rm@)po.j		•		ess	Park	, Of	f Jal	an F	ucho	ong,	471	60 F	Puch	ong	, Se	lanç	gor.			
TERMS & CON	DITI	ON	S																												
 Registration fee include Registration will be clope Upon receipt of payme Registration fees will need to be clope No registration fee is need to be clope All industry observers No on site payment with Confirmation of payme 	sed o ent, a lot be equire have Il be e	on 1 con retu ed fo to b ente	8 th c nfirm urne or 2 oe er ertair	of Fe ation ed or 2 del ndor ned.	ebru n lett n car egat sed	ary : ter w ncella es fr by H	2012 vill be ation rom o IOD	e sei Resei Re each of N	the nt wi plac MS S.	re ar thin æme	re lin 3 da ent is	nited ys vi allo	sea ia er wed	ats, r mail. I.	egis If y	tratio	on w	ill be	e on						call	/ err	iail i	us ba	ack.		