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| **REGISTRATION FORM RTC 2010: 22-24 NOVEMBER 2011** |

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| Paper ID **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Family Name **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Given Name **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Title **\_\_\_\_\_\_\_\_\_\_\_**  Name of Organisation **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Address **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  City **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Country **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Postcode **\_\_\_\_\_\_\_\_**  E-Mail **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Diet Requirement **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ❑ Oral Presentation ❑ Poster Presentation  ❑ As Participant Only |  | **Registration Fee**  Overseas Participant ❑ USD400 **(*Before 15 Sept. 2011*)** ❑ USD450  Overseas Student ❑ USD300 **(*Before 15 Sept. 2011*)** ❑ USD350  Members of MYTRIBOS ❑ RM600 **(*Before 15 Sept. 2011*)** ❑ RM700  Local Participant ❑ RM700 **(*Before 15 Sept. 2011*)** ❑ RM800  Local Student ❑ RM500 **(*Before 15 Sept. 2011*)** ❑ RM600    ***\*For students and MYTRIBOS members, please provide a copy of verification along with this form.*** |
| **Please do NOT include your accommodation in this remittance**   |  |  |  |  | | --- | --- | --- | --- | | BANK | **BANK MUAMALAT MALAYSIA BERHAD** | SWIFT CODE | **BMMBMYKL** | | BRANCH | **KAJANG** | | | | ADDRESS | **No. 3, Jln Dato Seri P. Alagendra 1, 43000 Kajang, Selangor** | ACCOUNT | **1207-0005635-71-7** | | NAME | **MALAYSIAN TRIBOLOGY SOCIETY** | | |   **Method of payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Please send this form to us by E-mail to** [**myrtc2011@gmail.com**](mailto:myrtc2011@gmail.com) or **fax to**: **+603 89259659** | | |

I hereby understand and agree to the conditions indicated in this form.

**Date:**  **Signature :**