





# Abstract Form

Deadline for Submission: **15 July 2003**

Secretariat <b>GUT 2003</b> 19 Jalan Folly Barat 50480 Kuala Lumpur Malaysia
--

PRESENTING AUTHOR *(please type or write in block letters)*

Title : Prof / Dr / Mr / Mrs / Ms

Full Name

*(underline surname)*

Mailing Address

City

Country

Telephone

Fax

Email

Specialty

**Choice of Communication** *(please tick)*     Oral     Poster     No Preference

**Submission for Young Investigator's Award** *(Age must be < 37 years at time of conference)*     Yes     No

I, \_\_\_\_\_ have no objections to my presentation being recorded or reproduced in print and declare that no copyright will be infringed by such action. I understand that the purpose of such recording or reproduction is purely for the benefit of delegates attending the Conference.

Date

Signature

\* Abstract to be emailed to **acadmed@po.jaring.my** before **15 July 2003**.

(Type abstract in the space below, use Courier New 12 font size) **TOP**



# Booking Form

Please return this form together with the relevant payment issued in favour of  
"Leisure Connections Management Sdn Bhd" (by 15 June 2003) to:

**LEISURE CONNECTIONS MANAGEMENT SDN BHD**

L1-08, Shaw Parade, Changkat Thambi Dollah  
55100 Kuala Lumpur, Malaysia  
Tel: 603 2144 6116 Fax: 603 2144 6110  
Email: leisurevents@yahoo.com  
Attention: Mr Tan Lip Yung (Mobile: 012 206 1561)

Full Name \_\_\_\_\_  
(in block letters)

Passport No/ID No \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

FULL NAME	RELATIONSHIP TO DELEGATE	AGE	GENDER

**PACKAGE**

I would like to register for the following packages for myself / accompanying persons:

- A) Crowne Plaza Riverside Kuching       B) Holiday Inn Kuching

FROM	DEPARTING FLIGHT NO. (TIME)	RETURNING FLIGHT NO. (TIME)
Kuala Lumpur		
Johor		
Ipoh		
Penang		
Kuantan		

**PAYMENT**

- 1) \_\_\_\_\_ Adults on twin-sharing basis      RM \_\_\_\_\_  
 2) \_\_\_\_\_ Adult on Single supplement      RM \_\_\_\_\_  
 3) \_\_\_\_\_ Child/Children      RM \_\_\_\_\_  
 3) \_\_\_\_\_ Extension Night (From \_\_\_\_\_ To \_\_\_\_\_)      RM \_\_\_\_\_

**OPTIONAL TOURS**

- 1) Bako National Park (RM 80 per adult; RM 40 per child)      \_\_\_\_\_ adult / \_\_\_\_\_ child      RM \_\_\_\_\_  
 2) Kuching Tour (RM 35 per adult; RM 18 per child)      \_\_\_\_\_ adult / \_\_\_\_\_ child      RM \_\_\_\_\_  
 3) Bidayuh Longhouse Tour (RM 65 per adult; RM 45 per child)      \_\_\_\_\_ adult / \_\_\_\_\_ child      RM \_\_\_\_\_  
 4) Semengoh Orang Utan (RM 35 per adult; RM 18 per child)      \_\_\_\_\_ adult / \_\_\_\_\_ child      RM \_\_\_\_\_  
 5) Sarawak Cultural Village & City Tour (RM 65 per adult; RM 35 per child)      \_\_\_\_\_ adult / \_\_\_\_\_ child      RM \_\_\_\_\_

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

Herewith my cheque No: \_\_\_\_\_ being deposit of RM 300 per person for \_\_\_\_\_ persons.  
 All cheque/bankdrafts to be issued in favour of "LEISURE CONNECTIONS MANAGEMENT SDN BHD" before 15 June 2003.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature