Date • **23 – 25 June 2005**
Venue • **The Andaman Langkawi, Kedah, Malaysia**

REGISTRATION FORM

Annual Scientific Meeting of the Malaysian Society of Gastroenterology and Hepatology

SECRETARIAT
GUT 2005
19 Jalan Folly Barat
50480 Kuala Lumpur, Malaysia

Title: *Prof / Dr / Mr / Mrs / Ms*

Name _____

Name on Badge ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ *(limited to 15 alphabets)*

Institution _____

Address _____

_____

_____

Tel _____ Fax _____
(Please include country code)

Email _____

Specialty _____

REGISTRATION FEES

Category	Before 15 May 2005	After 15 May 2005	RM / USD
Local Delegate *(MSGH Member)*	RM 300	RM 350	
Local Delegate *(Non-MSGH Member)*	RM 350	RM 400	
Overseas Delegate	USD 300	USD 350	
Malaysia Night – *Additional ticket(s)* • Adult • Child *(above 5 and below 12)*	 RM 80 RM 40	 RM 100 RM 50	
		TOTAL	

All payments are to be issued in favour of "**Malaysian Society of Gastroenterology & Hepatology**"

_____ _____
Date Signature