

GUT 2009

14TH to 16TH AUGUST 2009

AWANA PORTO MALAI LANGKAWI, KEDAH, MALAYSIA

REGISTRATION FORM

SECRETARIAT

GUT 2009

19 Jalan Folly Barat

50480 Kuala Lumpur, Malaysia

FAX : (603) 2093 0900

Title Prof Dr Mr Mrs Ms

Name _____

Name on Badge

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(limited to 15 alphabets)

Institution _____

Address _____

Tel _____

Fax _____

(Please include country code)

Email _____

Specialty _____

REGISTRATION FEES

CATEGORY	BEFORE 15 TH JULY 2009	AFTER 15 TH JULY 2009	RM / USD
Local Delegate (<i>MSGH Member</i>)	RM 450	RM 500	
Local Delegate (<i>Non-MSGH Member</i>)	RM 500	RM 550	
Overseas Delegate	USD 250	USD 300	
Malaysia Night – Additional ticket(s)			
• Adult	RM 80	RM 100	
• Child (<i>above 5 and below 12</i>)	RM 40	RM 50	

TOTAL

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Only registration form accompanied by registration fee will be accepted.

All payments are to be issued in favour of

“Malaysian Society of Gastroenterology & Hepatology”.

Date _____

Signature _____