



SEMINAR ON:

- 1) **MEDICAL MALPRACTICE BY MR HARIKANNAN RAGAVAN**
- 2) **LIABILITY CLAIMS BY MR JULIAN TEOH & MS CARREN THUNG**

J W MARRIOT HOTEL, KUALA LUMPUR

THURSDAY, 22 AUGUST 2019

REGISTRATION FORM

(completed Form to be submitted on/before Friday, 09 August 2019)

FEE

MEMBER – M600.00

NON-MEMBER – RM800.00

COMPLIMENTARY SEAT ENTITLEMENT

MEMBER Every 3 Participants – 1 FOC

NON-MEMBER Every 5 Participants – 1 FOC

Company:

Address:

Contact person:

Email:

Tel DL:

Tel GL:

We wish **REGISTER** the following person to attend *(please furnish name in full for the Certificate of Attendance):*

NAME IN FULL	DESIGNATION	EMAIL

APPROVED BY:

NAME & DESIGNATION:

PAYMENT:

This Registration Form is considered as **INVOICE**
Confirmation of Registration will be provided
upon receipt of Payment together with Completed
Registration Form.

BANK DETAILS:

Beneficiary: **National Insurance Claims Society**
Current Acct: **80-0110842-0 (New) 1431-0002758-05-2 (Old)**
Bank Name: **CIMB Bank Bhd**
Branch **Menara UAB, Jalan Tun Perak, KL**
Association No.: **1656**

Note: email notification of e-payment to <nancy.malar@my.gt.com>