



REGISTRATION FORM

MODIPALM CONTINUOUS STERILISATION (CS) SYSTEM 2nd Forum

28-June 2010*Crowne Plaza Mutiara Hotel*Kuala Lumpur

Particulars of Registration

Company Name: _____

<u>Name</u>	<u>Salutations(Just tick)</u>	<u>Designation</u>
1. _____	<input type="checkbox"/> Dr <input type="checkbox"/> Ir <input type="checkbox"/> Others _____	_____
2. _____	<input type="checkbox"/> Dr <input type="checkbox"/> Ir <input type="checkbox"/> Others _____	_____
3. _____	<input type="checkbox"/> Dr <input type="checkbox"/> Ir <input type="checkbox"/> Others _____	_____
4. _____	<input type="checkbox"/> Dr <input type="checkbox"/> Ir <input type="checkbox"/> Others _____	_____
5. _____	<input type="checkbox"/> Dr <input type="checkbox"/> Ir <input type="checkbox"/> Others _____	_____

Company Address: _____

City: _____ Postcode: _____ State: _____

Tel (O): _____ Fax: _____ Email: _____

Note:

- a. All participants are encouraged to register by 8.15am
- b. Registration is strictly by invitation only. Dress code: Formal attire
- c. Forum Schedule: 8.30am – 5pm

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Kindly sign and stamp with your company chop, and fax this registration form to confirm your participation to +603-31229152 before 15 May 2010

Signature: _____ Name: _____ Date: _____