



**MALAYSIAN SOCIETY OF HYPERTENSION
7TH ANNUAL SCIENTIFIC MEETING 2010
SHANGRI-LA HOTEL, KUALA LUMPUR
29TH – 31ST JANUARY 2010**

REGISTRATION FORM

Date Received*	Registration Number*
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*For Official Use

Professor
 Doctor
 Mr
 Mrs
 Ms

*Full Name (as per I.C./Passport):		
* Institution:		
* Address:		
City:	Country:	Postal Code:
*Tel:	*Fax:	
*Email:		

*Mandatory Field

Cardiologist
 Internist
 Other Medical Doctor
 Nurse / Technician / Pharmacist
 Industry Employee
 Young Investigator Award

REGISTRATION RATES

Closing date for registration is **15th January 2010**

Registration Fees	Local Delegates	International Delegates
Doctors (non MSH member)	RM 550.00	
Doctors (MSH member)	RM 500.00	USD 300.00 / EUR 250
Nurse / Technician / Paramedics	RM 500.00	USD 300.00 / EUR 250
TOTAL REGISTRATION		

PAYMENT

Please make payment payable to **MSH Annual Scientific Meeting**

Enclosed payment for the amount of RM/USD _____ to be made through : (tick appropriate box)

Cheque no. : _____ by (Bank) _____

Bank Draft no.: _____ by (Bank) _____

Please send to secretariat a copy of bank slip together with the registration form after payment has been deposited.

Please send the registration form and payment to:-

Secretariat
7th MSH Annual Scientific Meeting
 c/o Bayer Co. (Malaysia) Sdn. Bhd. BHC – Bayer Schering Pharma
 T1-14 Jaya 33, No 3 Jalan Semangat, Seksyen 13, 46200 Petaling Jaya, Selangor Darul Ehsan, Malaysia.
 Tel: +603 62093151 Fax: +603 79551724 Email: msh2010.malaysia@bayerhealthcare.com
 Contact person: Ms Roseline Heng