



**NATIONAL TB & LUNG DISEASES CONFERENCE**  
**1 – 3 APRIL 2016**  
**GRAND SEASONS HOTEL**

REGISTRATION FORM

Name			
Designation			
Ministry/ Department/ Agency			
Address			
Tel No (o)		Tel No (hp)	
Fax No		Email	

Registration

Category	Amount	Tick
Doctor	RM600	
Allied Health (Paramedic)	RM500	
MAPTB member	RM500	
Students	RM400	

Food preferences : Non Vegetarian  Vegetarian

All payment by cheques/ LO should be issued in favour of:

**MAPTB or MALAYSIAN ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS**

Account name : MALAYSIAN ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS  
Account number : 5144 8610 6099  
Name of bank : MAYBANK  
Address of bank : G(E) – 016 Ground Floor, Midvalley Megamall, Mid Valley City  
Lingkaran Syed Putra, 59200 Kuala Lumpur

Please return the copy of cheques/ form for payment by cheques/ remittance with this form either by:

Fax 03-2274 4156 (MAPTB)  
Email [maptbfederal@gmail.com](mailto:maptbfederal@gmail.com)  
For further details  
03-2274 3070 (MAPTB – Sally)

**Receipt will be given on the registration day at Grand Seasons Hotel.**

Date

Signature