

16th ADMAN

ANNUAL DIALYSIS SEMINAR 2017
20th -21st NOVEMBER 2017
BERJAYA WATERFRONT HOTEL
JOHOR BAHRU

THEME
FUNDAMENTALS OF RENAL REPLACEMENT
THERAPY

ADMAN MEMBER	NON MEMBER
Before 31/10/17	Before 31/10/17
RM 350	RM 400
After 31/10/17	After 31/10/17
RM 400	RM 450

Closing date 6th November 2017



Association of Dialysis
Medical Assistants and
Nurses Malaysia

Roche

16th ADMAN

ANNUAL DIALYSIS SEMINAR 2017

20th-21st NOVEMBER 2017

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General Information

1. Registration fees

ADMAN MEMBER	NON MEMBER
Before 31/10/17	Before 31/10/17
RM 350	RM 400
After 31/10/17	After 31/10/17
RM 400	RM 450
Closing date 6th November 2017	
Pre Registration 19th November 2017 @ 6.00pm - 9.00pm	

* Payment can be made by cheque, LPO, Internet Banking Transfer or Cash Deposit to "PERSATUAN PEMBANTU PERUBATAN DAN JURURAWAT DIALISIS MALAYSIA"

* Registration Forms without payment will not be entertained

1. Registration Fees will include:

- Access to Scientific Programme
- Lunch, tea and coffee break
- Conference bag, Programme book & name tag
- Access to exhibition booths

2. Accommodation at:

1. Berjaya Waterfront Hotel (Seminar Venue)
2. Grand Bluewave Hotel - 6 mins Drive
3. Sentral JB Hotel - 6 mins Drive
4. Suria City Hotel - 6 mins Drive
5. Erica Hotel - 6 mins Drive
6. Grand Sentosa Hotel - 10 mins Drive

*For all the above hotel booking Contact Person En Dedy Idawan Bin Masbah - Tel. 016-7237003 Email : kembara@astaka-s.com

16th ADMAN

ANNUAL DIALYSIS SEMINAR 2017
20th-21st NOVEMBER 2017
BERJAYA WATERFRONT HOTEL
JOHOR BAHRU

Registration form

Attention
Secretariat

16th ADMAN Annual Dialysis Seminar 2017

No 110, Jalan Taman Mulia 6,

Taman Mulia Lagenda, Pajam

71700, Mantin,

Negeri Sembilan

No. Fax: 06-758-4755

Dear Sir/Madam,

I would like to register for the 16th ADMAN Annual Dialysis Seminar 2017. I enclose herewith a:

Cheque No. _____ LPO No. _____

for RM _____ payable to "PERSATUAN PEMBANTU PERUBATAN DAN JURURAWAT DIALISIS MALAYSIA"

Internet Banking Transfer or Cash Deposit

CIMB Bank Berhad

Account number: 80-0050987-7

Account name: PERSATUAN PEMBANTU PERUBATAN DAN JURURAWAT DIALISIS MALAYSIA

Full Name :

NRIC :

Sex (pls. circle) : Male/Female Designation :

Company /Institution :

Mailing address:

City Postcode..... State :

Contact no. office : Mobile : Fax: Email :

Diet Preference: Non Vegetarian Vegetarian

Please return the registration form together with payment to:

E-mail: charlazar@yahoo.com

mukhataribrahim55@yahoo.com

Contact person:
012-6609421 (Charles Lazar),
012-2063320 (Hj. Mukhtar Ibrahim)