18th ADMAN

ANNUAL DIALYSIS CONFERENCE 2019

21st-22nd SEPTEMBER 2019

ZENITH HOTEL
KUANTAN, PAHANG

THEME
ADVANCEMENT IN DIALYSIS FOR SAFE AND EFFECTIVE TREATMENT

Association of Dialysis Medical Assistants and Nurses Malaysia
General Information

1. Registration fees

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

2. Registration Forms without payment will not be entertained

Registration Fees will include:

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

3. Accommodation at: own arrangement

a. The Zenith Hotel Kuantan. (Conference Venue)

b. Hotel options other than The Zenith Hotel Kuantan:
   i. Chatayana - 1.5km* to The Zenith
   ii. Rocana - 650m* to The Zenith
   iii. Shahzan Inn - 1.8km* to The Zenith
   iv. Grand Continental Kuantan - 2.4km* to The Zenith

*Driving

Early booking is required. Subject to room availability Hotel subject to change.

Contact person: Encik Dedy +60162607703 (for enquiry)
+60102107703 (for booking - WhatsApp only), Email: kembara.asia@astaka-s.com

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Dear Sir/Madam,

I would like to register for the 18th ADMAN Annual Dialysis Conference 2019. 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: ..................................................................................
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...........................................................................................
...........................................................................................
City .................................. Postcode.................. State : ......................

Contact no. Office: ......................... Mobile: .................... Fax: ....................... Email: ...................

Diet Preference:  □ Non Vegetarian  □ Vegetarian

Please return the registration form together with payment to:
(Registration form without payment will not be entertained)

E-mail: charlazar@yahoo.com arbyrahim@gmail.com
Contact person: 012-6609421 (Charles Lazar), 010-4545207 (Hj.Abd. Rahim bin Yahaya)