REGISTRATION FORM

9th East Coast GastroHepatology Conference 2019 (9th ECGH 2019)

Name : _____

IC No : _____ Age : _____ Sex : Male / Female

Category : Specialist / Medical Officer / Paramedics / Allied Health/Pharmacist

Hospital/Department/Unit/Wad :_____

Address : _____

H/Phone :_____ Office Tel : _____ Fax No : _____

Email : _____

REGISTRATION FEES

***Registration fees on or before 1th JUN 2019**

Category Please Tick (√)		Fees
Specialist/ Medical Officer		**RM 200**
Paramedic / Allied Health		**RM 100**
TOTAL PAYMENT		

"KELAB GASTRO-HEPATOLOGI DAN ENDOSKOPI PANTAI TIMUR"

Bank Islam CawanganJalan Sultan Ibrahim, 15050 Kota Bharu.
Account No: 03102010002832

Kindly submit your registration form to the secretariat address :

KGHE Secretariat
Endoscopy Unit
Hospital Raja PerempuanZainab II
Jalan Hospital
15586 Kota Bharu, Kelantan.
TEL : 09 - 7452000 ext4105 Fax : 09 - 7452657
E-mail :kghe@yahoo.com