

## 8<sup>th</sup> Biennial Conference

on Cardiopulmonary Bypass 2014

19 - 22 June 2014

G Hotel, Gurney Drive, Penang

## Registration Form

(Phot	tocopies of this form a	re acceptable)		
Secretariat  B. Braun Medical Supplies Sdn Bhd (Co. Reg. Normalis Crown Penthouse, Plaza IBM)  8 First Avenue, Persiaran Bandar Utama, 478  Tel: ++603-7841 4200 Fax: ++603-7729  Email: cardiopulmonarybypass2014@gmail.	300 Selangor, Malaysia 6715			
Prof Dr Mr Ms Other	Full Name (Plea	se underline surname)		
Designation / Position	Specialty			
Hospital / Institution				
Address				
Tel	Fax			
Mobile	Email			
Registration Fees (Please tick	k where applicable and fill in	the amount)		
Conference (20 - 22 June 2014)	Before 30 April 2014	After 30 April 2014	On-site	Amount
Doctor	☐ RM600	☐ RM650	☐ RM750	
Allied Healthcare Professional	☐ RM550	☐ RM600	☐ RM700	
Overseas Delegate	USD200	USD250	☐ USD300	
*Concurrent Pre-Conference Workshops (			I 🗆 81/2-2- I	
ECMO	☐ RM150	RM250	RM300	
Cardiac Surgical Emergencies in CICU	☐ RM150	☐ RM250	☐ RM300	
3D Transesophageal Echocardiography: Image Acquisition and Display	☐ RM150	☐ RM250	☐ RM300	
*Registration for Pre-Conference workshops are open	to participants who have regist	ered for the conference only.	Total	
Payment				
☐ Cheque/Bank Draf (drawn from a Malays	ian bank) No :	for RM		_ (enclosed)
Telegraphic Fund Transfer Reference Slip No :		for USD/RM		_ (enclosed)
Payable to :				
Bank Account Name: Pertubuhan Perfusi Pul	au Pinang Ban	k Account No : 507077310	692	
Name of Bank: Malayan Banking Berh	· ·	ress of Bank: Lot 77-G-1		Times Square
Branch Code: 2707077	7100			
Swift Code : MBBEMYKL		Jalan Dato' Kramat, 10150 George Town Penang, Malaysia		
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