



NEURO ANAESTHESIA SYMPOSIUM

Participant's Particulars

Name: _____
(As to be appeared on the Certificate of Attendance)

Designation: Specialist ☐

Medical officer ☐

Nursing staff ☐

Department: _____

Hospital: _____

Address: _____

Department Telephone No: _____ Fax: _____

Hand phone: _____ Email: _____

Vegetarian: Yes ☐ No ☐

RSVP-DR. Zarina Abu Kassim

zaza_jb@yahoo.com, 0197171457/ 03-26155160.

PLEASE SUBMIT COMPLETE REGISTRATION FORM TO

Staff Nurse Prema, Acute Pain Service, Department of Anaesthesiology, HKL

Tel: 03-26155529(direct line) Fax: 032691381