

The 7th Kuala Lumpur Mental Health Conference 2010

“ Diversity in Psychiatry – Piecing The Puzzle Together”

Date : 26-28 Jul 2010

Venue: PWTC , Kuala Lumpur, Malaysia

REGISTRATION FORM

* For Official use

Date Received *		Registration Number *		
<input type="checkbox"/> Prof	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms
Full Name				
Institution				
Address				
City		State	Country	Postal Code
Tel		Mobile	Fax	
Email				

Registration Rate (please tick one)

	Before 1/6/2010		After 1/6/2010	
Foreign delegates	USD 400	<input type="checkbox"/>	USD 450	<input type="checkbox"/>
Asean delegates	RM 600	<input type="checkbox"/>	RM 650	<input type="checkbox"/>
Doctors	RM 550	<input type="checkbox"/>	RM 600	<input type="checkbox"/>
Allied Health Professionals/ Medical Students	RM 400	<input type="checkbox"/>	RM 450	<input type="checkbox"/>

Pre-conference Workshop (please tick one) RM250

Workshop 1: ‘Skills in Community Psychiatry’	<input type="checkbox"/>
Workshop 2: ‘Short Course on Leadership & Professional Skills Development for Young Psychiatrists and Trainees’	<input type="checkbox"/>
Workshop 3: ‘To Cane or Not to Cane – Effective Discipline’	<input type="checkbox"/>
Workshop 4: ‘Critical Incidence – Stress Debriefing’	<input type="checkbox"/>
Workshop 5: ‘Wellness Program’	<input type="checkbox"/>
Total	_____

Payment

Please make payment payable to **Kuala Lumpur Mental Health Conference**

I enclosed a cheque/LPO of RM _____ made payable to Kuala Lumpur Mental Health conference (Reg No: 1059/90(WP))

Cheque No. : _____ by (Bank) _____

Bank Draft No. : _____ by (Bank) _____

Money Order No. : _____

Telegraphic Transfer : Please make payment to : **Kuala Lumpur Mental Health Conference**
Bank : CIMB
Address : CIMB Cawangan Jalan Raja Muda Abdul Aziz, Kampung
Baru, Kuala Lumpur
Account No. : 14160016380053

Please send to secretariat a copy of the telegraphic transfer bank slip together with registration form once payment has been deposited

Please fax completed form to:

Secretariat, the 7th KLMHC 2010
C/O Dept of Psychiatry, Hospital Kuala Lumpur
Fax No: 03-2698 7394

Contact Persons 1) Dr Aaron: +0122390350

2) Sister Azimah: +0122875379