



UNIVERSITI
KEBANGSAAN
MALAYSIA
National University of Malaysia

REGISTRATION FORM NEURODEVELOPMENTAL OPTOMETRY

PARTICIPANT DETAILS

**Please complete this form in BLOCK letters. Photocopy of this form is acceptable.*

Name :

Organisation :

E-mail :

Telephone/ Mobile :

PAYMENT

Method of Payment:

Please make payment with a Cash

I have bank in to Bashirah Ishak

CIMB Account : 7002399066

Please mail this form with bank in slip to:

Dr Bashirah Ishak : ibashirah@gmail.com

Ms Norlaili Arif : norlailiarif@ukm.edu.my

Or fax to : **Fax no. 03-9289 7206**

All payment must be paid on or before 15th January 2015 to confirm the registration.

ENQUIRIES

For any enquiries please contact :

Dr Bashirah Ishak : 013-3889963

Norlaili Arif : 013-3992962