



Workshop on Cell Culture Techniques 2015
10th – 11th February 2015
UKM Medical Molecular Biology Institute (UMBI)
REGISTRATION FORM

PERSONAL INFORMATION

Name : Prof./Datuk/Dato'/Datin/Dr./Mr./Madam/Miss

Organisation:

Address:

Tel:

Fax:

Email:

REGISTRATION FEES. Please tick (v)

(The fee will cover the cost of conference materials, lunch, tea breaks & certificate)

Professionals

RM 500.00

Students

RM 300.00

Vegetarian? YES NO

FORM OF PAYMENT. Please tick (v)

I hereby enclosed a bank draft/cheque (No: _____) of RM: _____ made payable to "**Bendahari Universiti Kebangsaan Malaysia**"

Local Purchased Order (No. _____)

Account : Bendahari Universiti Kebangsaan Malaysia

Account No : 86-0008114-0

Bank : CIMB Berhad

Bank Address : CIMB Cawangan Taman Maluri, No. 279 & 279A, Jalan Perkasa 1,
Taman Maluri off Jalan Cheras, 55100 WP Kuala Lumpur

Swift code : CTBB MYKL

Others :

Date:

Signature:

Return this form and payment to:

Secretariat
UKM Medical Molecular Biology Institute (UMBI),
UKM Medical Centre,
Jalan Ya'acob Latiff, Bandar Tun Razak,
56000 Cheras Kuala Lumpur

Noor Anizah (03-9145 9032) / Suzana (03-9145 9023) / 03-9145 6321

Fax: 03-91717185 E-mail: umbievent@ppukm.ukm.edu.my

Website : www.ukm.my/umbi/cct2015

Refund policy: No refund will be made for no-shows. To cancel the registration with refund, secretariat must receive your cancellation request in written form or by email no later than 2 weeks before registration date. Thank you.