

**NAM Neurospine Congress 2016 &
1st Neurospine Chapter of NAM
6th – 8th October 2016
JW Marriott Hotel Kuala Lumpur, Malaysia**



REGISTRATION FORM

Title: Prof Dr Mr Mrs Ms

Full Name: _____

Preferred Name on Badge: (Limited to 15 alphabets)

Institution: _____

Correspondence Address: _____

Postcode: _____ Country: _____

Telephone: _____ Mobile: _____

Facsimile: _____ Email: _____

Pre-Congress Workshop Fee (6th October 2016) *Limited to 20 participants only			
Category	Hands-on		USD/RM
Local Delegate	RM 1000		
Foreign Delegate	USD 300		
NAM Neurospine Congress 2016 and 1st Neurospine Chapter of NAM			
Category	Before and on 31/8/2016	After 31/8/2016	USD/RM
NAM Life-member	RM 700	RM 800	
NAM associate and ordinary member	RM 750	RM 850	
Local Delegate	RM 850	RM 950	
Foreign Delegate	USD 300	USD 350	
Allied Health Professional	RM 300	RM 350	
Total			

Payment

All payment should be issued to “**PERSATUAN SURGERI NEURO**”

Payment can also be made via telegraphic transfer to:

Account Name : Persatuan Surgeri Neuro

Name of Bank : Maybank Bhd

Account Number : 564427101352

Address of Bank : Maybank, IBS Wisma Perkeso, Kuala Lumpur

Bank Swift Code : MBBEMYKL

**Please return the bank remittance note along with the registration form either by fax or email.*

Secretariat: G-1, Medical Academies of Malaysia, 210, Jalan Tun Razak, 50400 Kuala Lumpur

Tel: (603) 40234700, 40254700, 40253700 **Fax:** (603) 40238100

Email: namneurospine@gmail.com **Website:** www.nam.org.my