



Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Correspondence Address : \_\_\_\_\_  
\_\_\_\_\_

E-mail : \_\_\_\_\_ Fax : \_\_\_\_\_

Telephone (office) : \_\_\_\_\_ (mobile) : \_\_\_\_\_

- Will Require Vegetarian Food
- Enclosed herewith is a cheque for RM 250 / 350 being the course fee payable to **PUSAT PERUBATAN UNIVERSITI MALAYA**.

Issuing bank and cheque number:

\_\_\_\_\_



Signature

\_\_\_\_\_

*(Please do not enclose cash)*

- Please be reminded that acceptance to the course is on a first-come first-served basis with full payment.
- Submission of application form by fax must be followed by payment.
- Organizers reserve the right to make changes to the Course Programme as deemed fit.
- Kindly detach this portion and return the completed form with payment to:

**Continuing Biomedical Imaging Education,  
Department of Biomedical Imaging (Radiology),  
University of Malaya Medical Centre,  
59100 Kuala Lumpur  
(attention: Abd Qayyum Abd Aziz)**

**INFORMATION :**

Course fee : Lecture RM250  
Demo and Lecture RM350