

REGISTRATION FORM

THE 23rd ASEAN CONSULATATIVE COMMITTEE FOR STANDARDS AND QUALITY (ACCSQ) TRADITIONAL MEDICINES HEALTH SUPPLEMENTS (TMHS) AND ITS RELATED MEETINGS, 1-5 JUNE, 2015 BERJAYA TIMES SQUARES HOTEL, KUALA LUMPUR

REGISTRATION FEE (DELEGATE/OBSERVER)

Please tick (✓) in the box:

2 DAYS (GMP TASK FORCE ONLY)
(RM 1400.00/ USD 400)

5 DAYS (ATSC, TFRF & PWG MEETING)
(RM 2000.00/ USD 600)

(The above rates are subjected to prevailing goods and service tax of 6%)

HOW TO REGISTER

Fax/ email your completed registration form with your cheque/bank draft/ copy of bank deposit receipt attention to Datin Shantini as the following:

FAX : 03-79581312

EMAIL : tmhs@bpfk.gov.my

For any enquiries, please call Datin Shantini/Mdm Teh at + (60)3 78835400 ext 8415/8433

Please tick (✓) in the box:

<input type="checkbox"/> Chair/Co- Chair of TMHS PWG - Fee exemption	<input type="checkbox"/> Government Delegate
<input type="checkbox"/> Chair/Co- Chair of ATSC - Fee exemption	<input type="checkbox"/> Government Observer
<input type="checkbox"/> Chair/Co- Chair of GMP Task Force - Fee exemption	<input type="checkbox"/> AAHSA Delegate
<input type="checkbox"/> Chair/Co- Chair of TFRF - Fee exemption	<input type="checkbox"/> AAHSA Observer
<input type="checkbox"/> ASEAN Secretariat - Fee exemption	<input type="checkbox"/> AATMI Delegate
<input type="checkbox"/> Head of Delegate - Fee exemption	<input type="checkbox"/> AATMI Observer
<input type="checkbox"/> Government Delegate (1 per country) - Fee exemption	

PARTICIPANT DETAILS (Please write in Capital Letters)

Name (Mr./Mrs./Ms.) :

Organization :

Address :

Contact numbers :

Email address :

Name on the Name Tag :

Country :

Meal Request : Please tick (✓) Vegetarian Non-vegetarian

MODE OF PAYMENT : Please tick (✓)

Bank draft LPO No: Cheque(Malaysian Bank only)

Note: Malaysian participants please pay in Malaysian Ringgit (RM)

For the sum of RM **Payment should be made payable to Malaysian Pharmaceutical Society**

Visa Master Card Diners Club

For Visa/Master Card/Diners Club, please provide 3 digits behind credit card) I/D No:

Card No.: Valid till: Date: Signature:

By direct bank transfer/ATM into the meeting bank account "Malaysian Pharmaceutical Society". A/C No: 0-14271-31967-2 (Swiftcode: MBBEMYKL). Address: Malaysian Banking Berhad, Lorong Rahim Kajai 14, Taman Tun Dr. ismail, 60000 Kuala Lumpur, Malaysia. Please send the bank receipt (or a scan copy) to MPS to confirm your registration

Enquiries on payment fee:

Please contact Malaysian Pharmaceutical Society (MPS). Address: 16-2 Jalan OP 1/5, 1-Puchong Business Park, Off Jln. Puchong, 47160 Puchong, Selangor.

Tel: (60)3 80791861/Fax: (60)3 8070 0388/ Email: mspharm@po.jaring.my

TERMS & CONDITIONS

- Registration fee includes course materials, refreshments & lunch.
- Accommodation not included
- Registration will be closed on **15 May 2015.**
- **The registration fee has to reach the organizer by 15 May 2015.**
- Upon receipt of payment, a confirmation letter will be sent within 1 week via email. Please call/ email us back if you have not received any reply.
- Registration fee will not be returned on cancellation. Replacement is allowed.
- All industry observers have to be endorsed by HOD of MS