

Registration Form

The 15th ASEAN Congress of Plastic Surgery ACPS 2010
The 8th Asian Pacific Craniofacial Association Conference APCA 2010
 15- 17th July 2010 at FOUR POINTS by SHERATON, Kuching, Malaysia.
 (13 -14th July 2010 Pre-Congress Workshop/Symposium)

Please complete this form in BLOCK CAPITALS and send / fax to:

ACPS/APCA 2010 Secretariat Office:
 G-1, Medical Academies of Malaysia,
 210, Jalan Tun Razak,
 50400 Kuala Lumpur, Malaysia.
 Tel:+603 4023 4700, +603 4025 4700/3700 Fax: +603 4023 8100
 Email: secretariat@acps2010.com

N/B : ON-LINE REGISTRATION PREFERRED - AVAILABLE AT www.acps2010.com

I. Identification

Title: Prof/Dr/Mr/Mrs/Ms/ ... First Name:Family Name.....

Preferred Name on Badge: (not more than 15 alphabets)

Dept/Institution/AssociationNationality.....

Mailing Address:

City:..... Post Code: State:Country:.....

Tel: Fax: Email:

Accompanying Person(s)

1. Name 2. Name.....

II. Registration Fees

A) Category	Number of Person(s)	Before 15th April 2010	Before 21st Jun 2010	On-Site	Amount
Plastic Surgeon/ Member of Plastic Surgery Association		RM 1800	RM 2100	RM 2500	
Guest Physician/ Other Surgeon		RM 2500	RM 2800	RM 3500	
Paramedic /Trainee Surgeon/ Nurse		RM 900	RM 1050	RM 1250	
Accompanying Person		RM 400	RM 500	RM 600	
Total					

*Registration will only be confirmed subject to receipt of registration fee.

All delegates are entitled to: admission to scientific sessions and medical exhibition, lunch and coffee breaks, welcome reception, congress dinner and complimentary congress tour.

Accompanying persons entitled to: welcome reception, congress dinner and congress tour.

B) Masterclass RM150 per session (5 scheduled, MC1- MC5)	1	2	*3	*4	5	Amount
Please tick which class(es) you wish to attend. Details available at website www.acps2010.com . *Master classes 3 & 4 are concurrent.						

C) AO Pre-Congress Workshop 13-14th July 2010	RM800	Amount
Grand Total : Total (A + B + C)		

I wish to attend: Welcome Reception (14.7.2010 evening) Yes () No ()
 Congress Dinner (16.7.2010 evening) Yes () No ()
 Congress Tour (17.7.2010 afternoon) Yes () No ()
 (Details available at Website www.acps2010.com)

III. Payment please tick (√) Credit Card () Telegraphic Transfer ()

(Online Registration & Payment preferred. Please visit www.acps2010.com)

A. Credit Card: Visa Master

Credit Card No.: Expiry Date/.....

Name of Card HolderCVC No

Signature

B. Telegraphic Transfer (TT)

Please fax or send proof of payment to the **ACPS/APCA 2010 Secretariat Office**
AFTER TT into "MAPACS" account in Public Bank, together with your completed Registration Form.

Account Name: MAPACS
 Acc No: 3150749435.
 Swift Code: PBBEMYKL
 Address: Public Bank, Sg. Buloh Branch,
 Lot 403 &404 Jalan 1A/1,
 Bandar Baru Sungai Buloh,
 47000 Sungai Buloh,
 Selangor, Malaysia

Signature..... **Date**.....

Cancellation/ Refunds:- A cancellation fee of 50% of registration fee will be charged. There will be **NO** refunds after 1st July 2010. All refunds will be processed after the conclusion of the conference.

NB:

NON on-line registrants need to email, post or fax BOTH the Registration Forms & Payment Proof to ACPS/APCA Secretariat Office.

(Proof of posting is NOT proof of delivery/receipt).

Booking at Conference Venue Hotel (FOUR POINTS by SHERATON) is available at webpage www.acps2010.com.

"MAPACS" denotes "Malaysian Association of Plastic, Aesthetic and Craniomaxillofacial Surgeons"

For Official Use Only:

Registration Confirmation No Payment Cleared