

# 16th MAO International Scientific Conference : 24 - 28 April 2010



## Participant

Title: \_\_\_\_\_

Name: \_\_\_\_\_  
(full name in CAPITAL LETTERS as in MyKad)

Institution: \_\_\_\_\_ Department: \_\_\_\_\_

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

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Postcode: \_\_\_\_\_ City/State: \_\_\_\_\_ Country: \_\_\_\_\_

Office no.: \_\_\_\_\_ Fax no.: \_\_\_\_\_ Mobile no.: \_\_\_\_\_

Email: \_\_\_\_\_



## Conference Registration Fees

Please tick where appropriate

Participants	Early Registration: On or before 15 March 2010	Late Registration: After 15 March 2010	On-site Registration
MAO member	RM 450.00 <input type="checkbox"/>	RM 550.00 <input type="checkbox"/>	RM 850.00 <input type="checkbox"/>
Non MAO member	RM 900.00 <input type="checkbox"/>	RM1000.00 <input type="checkbox"/>	RM1200.00 <input type="checkbox"/>
Post-graduate student *	RM 450.00 <input type="checkbox"/>	RM 550.00 <input type="checkbox"/>	RM 850.00 <input type="checkbox"/>
		Subtotal (A)	RM: _____



## Post-Conference Hands-on Lingual Orthodontic Workshop

Please tick where appropriate

Participants		
MAO member		RM 1000.00 <input type="checkbox"/>
Non MAO member		USD 1000.00 <input type="checkbox"/>
	Subtotal (B)	RM/USD: _____
Limited to a maximum of 50 'Orthodontic Specialists' on a first-come-first-serve basis		
	Grand Total (A+B)	RM: _____



## \*Post-graduate Student Certification

I certify that \_\_\_\_\_ is a full time post-graduate student.

Name of Institution: \_\_\_\_\_ Post-graduate course/specialty: \_\_\_\_\_

Head of Department: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Official Stamp: \_\_\_\_\_ Date: \_\_\_\_\_



## Payment

Please make payment in either of the method below:

a) Bank Draft/Cheque Number: \_\_\_\_\_ Bank: \_\_\_\_\_ Amount: \_\_\_\_\_

Bank Draft/Cheque should be made payable to: **MALAYSIAN ASSOCIATION OF ORTHODONTISTS**

b) Direct banking into the 'Association's Account' with either 'Maybank 2U', 'GIRO transfer', 'MEPS transfer' or 'direct cash/cheque banking in any Maybank branch'.

**Account details:**

Bank: Maybank  
Account name: Malaysian Association of Orthodontists (Persatuan Pakar Ortodontik Malaysia)  
Account number: 01 414141 3411

Registration will not be accepted and processed until payment is received.

Please print a copy of 'TRANSACTION SLIP' as proof of payment and mail it WITH this registration form at the address below. Alternatively, participants can scan the necessary documents and email them to us.

**Ministry of Health and University delegates:**

1. For delegates that are sponsored by the Ministry of Health or the University, please do not submit any payment.
2. However, you are required to submit the registration form with evidence of sponsorship and to tick the box below.
3. Note that registration will not be processed without the above documents.
4. Please  where appropriate:
  - a. SPONSORED BY MINISTRY OF HEALTH
  - b. SPONSORED BY UNIVERSITY

**Cancellation Policy:**

1. If you have registered and made payment for the '16<sup>th</sup> MAO International Scientific Conference 2010' and are subsequently unable to attend, the following charges will apply:
 

Cancellation on or before 1 April 2010	75% of fee paid
Cancellation after 1 April 2010	100% of fee paid
2. Please make cancellation in writing and mail/email to the address below.
3. Conference fees are not transferable either to other delegates or to future conference.
4. Refund will be processed and made one month after the conference.

**Disclaimer:**

1. MAO will make every effort to run the conference as intended. MAO reserves the right to make alterations to the timing and/or content of the conference programme for operational or other reasons.
2. In the event of cancellation of the conference by MAO, MAO's liability will be limited to the refund of the conference fee only.



Please mail or email the registration form to:

Dr. Mohd Shafeeq Hasan  
c/o Malaysian Association of Orthodontists  
Suite 1-02, Medical Office Building, Gleneagles Intan Medical Centre, 282 & 286 Jalan Ampang,  
50450 Kuala Lumpur.

For enquiry please email to:  
Dr. Mohd Shafeeq Hasan (shafeeqorthodontics@gmail.com)  
Dr. Noraini Hj Alwi (hasanal2004@hotmail.com)  
Dr. Pamela Yong (pamela.yong@gmail.com)  
Maj (R) Dr. Akbar Sham Hussin (ohara6161@yahoo.com.au)  
Dr. Rozaimah Mat Shafiei (zai\_pp@yahoo.com)

www.mao.org.my