**REGISTRATION FORM**

**CLINICAL TOXICOLOGY COURSE 10-11th MARCH 2014**

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Address: |  | |
| I.C./Passport Number: |  | |
| Email address: |  | |
| CEP Member: | Yes | No |
| Designation: | Medical officer | Specialist |
| Vegetarian diet required: | Yes | No |

|  |  |
| --- | --- |
| Registration | Fee\* |
| Member of College of Emergency Physicians (CEP) | RM 600 |
| Specialist (Non member of CEP) | RM 750 |
| Medical Officer | RM 650 |

**Payment details:**

Recipient: College of Emergency Physicians

Bank: Public Bank Berhad

Account number: 3987324409

Please send a copy of your receipt to the email address/fax number as below with this registration form for payment verification.

**Fax: +603-33714114**

**Email:** [**toxcourse@yahoo.com**](mailto:toxcourse@yahoo.com)

\*Registration fee includes meals during the course and the course manual.