

5TH ANNUAL ASIA-PACIFIC CONFERENCE ON EARLY MOBILIZATION & REHABILITATION IN THE ICU; 23 & 24 AUGUST 2019



REGISTRATION FORM FOR DELEGATE

DELEGATE'S INFORMATION

(Please tick accordingly)

Prof Dr Mr Ms

Family Name _____

Given Name (s) _____

Preferred Name for Certificate of Attendance _____

Preferred Name on Badge _____

Name of Organisation _____

Mailing Address _____

Postal Code () Country _____ MyKad Number (for locals) _____

Email _____

Contact Tel no: Office _____ Mobile: _____

REGISTRATION FEE (Please tick accordingly)

*Conference fee includes all tea breaks, one luncheon, conference booklet and Certificate of Attendance. Dress code: office attire; smart casual, No bermudas/shorts.

*Conference registration fee does not include the entrance into the Pre-Conference Workshop Sessions.

Description	Early Bird Registration Fee (on and before 15 June 2019)	Standard Registration Fee On and after 16 June 2019	Onsite Registration Fee
Main Conference for Local Delegate Residing in Malaysia (including Sabah and Sarawak)			
Doctor	RM375 <input type="checkbox"/>	RM410 <input type="checkbox"/>	RM450 <input type="checkbox"/>
Nurse/Allied Health/Paramedics	RM295 <input type="checkbox"/>	RM330 <input type="checkbox"/>	RM380 <input type="checkbox"/>
Main Conference for Overseas Delegate			
Doctor	USD150 <input type="checkbox"/>	USD200 <input type="checkbox"/>	USD200 <input type="checkbox"/>
Nurse/Allied Health/Paramedics	USD90 <input type="checkbox"/>	USD135 <input type="checkbox"/>	USD135 <input type="checkbox"/>
Pre-Conference Workshop			
Local Delegate	RM135 <input type="checkbox"/>	RM200 <input type="checkbox"/>	RM200 <input type="checkbox"/>
Overseas Delegate	USD60 <input type="checkbox"/>	USD100 <input type="checkbox"/>	USD100 <input type="checkbox"/>

Please tick your preferred choice of workshop **(FULLY SUBSCRIBED – NOT AVAILABLE)**

Workshop 1: How to Ventilate Like an Intensivist

Workshop 2: (A) Management of Home Ventilator Management
(B) Advanced Airway and Chest Secretions Management

Dietary Requirement : Vegetarian Others; *please state*

PAYMENT

****Malaysian Local cheque made payable to **Persatuan Kakitangan Anestesiologi Hospital Umum Sarawak (PEKA-HUS)****

Account Name: Persatuan Kakitangan Anestesiologi Hospital Umum Sarawak

Bank Account Number: 8009301106 (CIMB Bank)

Enclosed cheque no. Bank

For the amount of RM being payment workshop/conference registration fee

My registration is sponsored. (Kindly inform the secretariat in writing: secretariat@icu-rehab2019.com)

Credit Card Visa Mastercard

Credit Card Number - - -

Expiry date: month / year CVV no: Amount paid:

Name on credit card

Signature: Date:

If you are submitting this form on behalf of the delegate, please furnish your email or contact telephone number.

Name: Email:

For further assistance on submission of payment, please contact the secretariat at secretariat@icu-rehab2019.com