

# PHACOEMULSIFICATION WORKSHOP

## *Cataract Surgery*

### Registration Form

<b>10 August 2024</b> <i>(Pre-workshop Didactic Lecture)</i>	<i>Via Virtual (Zoom Platform)</i>
<b>22 – 23 August 2024</b> <i>(Wet Lab Workshop)</i>	<i>Venue: Faculty of Medicine, University of Malaya, Kuala Lumpur</i>

#### **PERSONAL INFORMATION** (Please fill in the form with CAPITAL LETTERS)

Name : \_\_\_\_\_

Date of birth : \_\_\_\_\_ Sex : Male / Female

MYKAD / Passport No. : \_\_\_\_\_

Professional Role : \_\_\_\_\_

Employment  
Organisation / Institution : \_\_\_\_\_

Study Organization /  
Institution : \_\_\_\_\_

#### **CONTACT DETAILS**

Mobile No. : \_\_\_\_\_ Office No. : \_\_\_\_\_

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

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

Postcode : \_\_\_\_\_ City : \_\_\_\_\_

State : \_\_\_\_\_

If master student/trainee, which year: : 1 / 2 / 3 / 4 Date of admission : \_\_\_\_\_

Is this your first time joining a phacoemulsification workshop? : YES / NO  
I have joined this workshop previously on \_\_\_\_\_

**DIETARY REQUIREMENTS** (Please tick)

- Normal / Regular Meal       Vegetarian
- Others (Please specify) \_\_\_\_\_

**MODE OF PAYMENT: Online banking / ATM transfer**

Fees : RM 600

**Universiti Malaya – (\*\*DO NOT PROCEED PAYMENT TILL REGISTRATION CONFIRM BY THE ORGANIZER)**

Account details:

Account Name : BURSAR UNIVERSITY OF MALAYA

Account No : 80-0127999-8

Bank Name : CIMB Bank Berhad, University of Malaya Branch

**Seats are limited, do reserve early. Please complete and return registration form to this email:  
ophtha.secretariat@gmail.com**

Contact Person:

- i. Dr. Sabrina  
(sabrinah@ummc.edu.my)
  
- ii. Dr. Dheveya  
(dheveya@ummc.edu.my)

Chairman of UM Phacoemulsification Workshop: Dr Penny Lott Pooi Wah  
(lottpw@yahoo.com)

Closing date: 30<sup>th</sup> June 2024

Signature : \_\_\_\_\_ Date : \_\_\_\_\_