

PHACOEMULSIFICATION WORKSHOP

Cataract Surgery

Registration Form

<p><i>Date:</i> 10th - 11th December 2020</p>	<p><i>Venue:</i> Faculty of Medicine, University of Malaya, Kuala Lumpur</p>	
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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 500

1. **Universiti Malaya** -**Do not proceed payment till registration confirm by 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. Lim Yi Wen
(ivonlim16@gmail.com)
- ii. Dr. Dahvinia B. Devan
(dahvinia@gmail.com)

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

Signature : _____ Date : _____