



# REGIONAL ARTHROPLASTY SYMPOSIUM

## Advanced 2-day Lecture Series

14<sup>th</sup> & 15<sup>th</sup> August 2014 | Nexus Bangsar South, Kuala Lumpur

### SECRETARIAT

G1 Medical Academies of Malaysia  
210 Jalan Tun Razak  
50400 Kuala Lumpur, Malaysia  
Fax: (+603) 4023 8100

## REGISTRATION FORM

(Photocopies of this form are accepted)

Full Name (Prof / Dr / Dato' / Mr / Mrs / Ms)

Name on Badge

(limited to 15 letters)

Institution

Address

Tel

(please include country code)

Fax

Email

### REGISTRATION FEES

CATEGORY	Before or On 5 <sup>th</sup> August 2014	On-Site	Amount
Surgeon	RM 400	RM 450	
Resident and GP	RM 150	RM 200	

**TOTAL**

For online registration and payments, please log on to [www.wcras.org](http://www.wcras.org)

### PAYMENT

1. Payment by cheque is to be issued in favour of the "Asia Pacific Orthopaedic Association".

Cheque No

Bank

Amount

Date

Signature

### 2. TELEGRAPHIC TRANSFER

Payment can be made via telegraphic transfer to:

Account Name : Asia Pacific Orthopaedic Association  
Name of Bank : CIMB Bank Berhad  
Address of Bank : Plaza Damansara, Menara Southern Bank, 83 Medan Setia 1, Plaza Damansara, Kuala Lumpur  
Account Number : 1471 0000202-05-3  
Swift code : CIBBMYKL

(Please return the remittance advise note along with this form either by fax or mail. Document image by email is also acceptable.)

Date

Signature