



**PIHAK BERKUASA PERANTI PERUBATAN  
MEDICAL DEVICE AUTHORITY  
MINISTRY OF HEALTH**

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**SEMINAR WITH MEDICAL DEVICE INDUSTRY 2018  
(ENHANCING QUALITY OF SUBMISSIONS AND FACILITATING COMPLIANCE WITH  
THE MEDICAL DEVICE ACT)**

**18<sup>th</sup>, 19<sup>th</sup>, & 20<sup>th</sup> April 2018 (Wednesday, Thursday & Friday)  
MARRIOTT HOTEL, PUTRAJAYA**

<b>Registration Form</b>			
Name			
NRIC/ Passport			
Organization Name			
Company Address			
Postcode		State	
Telephone no.		Email	
Hand phone no.		Fax no.	
Vegetarian	YES		NO
Venue	<b>MARRIOTT HOTEL, PUTRAJAYA (18<sup>th</sup>, 19<sup>th</sup>, &amp; 20<sup>th</sup> April 2018)</b>		
Registration Fees	<b>RM 742.00 per person INCLUDE GST 6% (PER DAY)</b>		
Please tick the appropriate box	<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>
Mode of Payment	Bank draft No: _____ for the sum of RM _____  <b>*Payment should be made to “KUMPULAN WANG PIHAK BERKUASA PERANTI PERUBATAN”.</b> <b>*Payment in Malaysia Ringgit (MYR only).</b> <b>*Please bring the BANK DRAFT on the day of registration.</b> <b>*Participant’s name on the CERTIFICATE based on name given on the registration form</b>		

Fax completed form to (03) 8892 2500. For more information, please contact **Nur Azwani Binti Md Azizan (Cik) / Fattahillah Bin Sabarudin (En)** at (03) 8230 0313/ (03) 8230 0312.

**= Only completed form with the bank draft will be accepted during the registration =**

<b>Administrative use only</b>
Received date: