



**PIHAK BERKUASA PERANTI PERUBATAN**  
**MEDICAL DEVICE AUTHORITY**  
**MINISTRY OF HEALTH**  
**Tel: 03-8230 0211 Fax: 03-8230 0200**  
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**SEMINAR WITH CONTRACT MANUFACTURER**  
**7<sup>th</sup> August 2018 (Tuesday)**  
**Bilik Seminar, Pihak Berkuasa Peranti Perubatan, Cyberjaya**

<i>Application Form</i>			
Name			
NRIC/ Passport			
Organization Name			
Company Address			
Postcode		State	
Telephone no.		Email	
Hand phone no.		Fax no.	
Vegetarian	YES		NO
Venue	<b>PBPP, CYBERJAYA (7<sup>th</sup> August 2018)</b>		
Registration Fees	<b>RM 700.00 per person INCLUDE GST 0%</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>		

Fax completed form to (03) 8892 2500. For more information, please contact **Cik Norfazila / En Raja Nazrin** at (03) 8230 0399/ 0211 or email to [nazrin@mdb.gov.my](mailto:nazrin@mdb.gov.my).

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

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