



32nd Malaysian Paediatric Association Annual Congress
15th – 17th October 2010
Hilton Kuala Lumpur

ABSTRACT FORM

Please tick ✓ : Prof A/Prof Dr Mr Mrs Mdm Ms

Name : _____

Institution : _____

Department : _____

Address : _____

Zip/Postal code: _____ City: _____ Country: _____

Tel No. : _____ Fax No.: _____ E-mail: _____

Would you like to be considered for the YIA Award? Yes No

Please indicate preferred type of presentation: Oral Poster No preference

Please read the instruction in the Announcement before preparing your abstract

I certify that material has neither been published nor presented previously and that I comply with the rules prescribed in the Final Announcement and Call for Abstract Book

Date:/...../.....
DD MM YY

Signature:

Please send completed form and CD to:-
Secretariat, 32nd MPA Annual Congress c/o Event Solution Management Sdn Bhd
D-3-32 Pusat Perniagaan Seksyen 8 (8 Avenue), Jalan Sg. Jernih 8/1, 46050 Petaling Jaya, Selangor, MALAYSIA
Tel: +603-7955 6608 Fax: +603-7956 6608 Email: mpa2010@myeventsolution.com
Contact persons: Rachel Ho / Nikki Loh Website: www.mpaweb.org.my



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Hilton Kuala Lumpur

REGISTRATION FORM

Please tick ✓ : Prof A/Prof Dr Mr Mrs Mdm Ms

Name : _____

Institution : _____

Address : _____

Zip/Postal code: _____ City: _____ Country: _____

Tel No. : _____ Fax No.: _____ E-mail: _____

FEE SCHEDULE

MPA Congress 15th – 17th October 2010	Before 15th September 2010	After 15th September 2010
Specialists & GP (Members Of MPA)	600.00	650.00
Specialists & GP (Non-Members Of MPA)	650.00	750.00
MO & Allied Health Professionals (Members Of MPA)	550.00	600.00
MO & Allied Health Professionals (Non-Members Of MPA)	600.00	650.00

PAYMENT DECLARATION (please tick appropriate box)

Please make payment payable to MPA 32ND Congress

Enclosed payment for the amount of RM _____ to be made through : (tick appropriate box)

Cheque no. : _____ by (Bank) _____

Credit Card : Type of Credit Card: Visa Master

Cardholder's Name: _____

Credit Card Number: _____

CCV Number: _____ (The last 3 digit number on the signature strip on the back of the card)

Expiry date: ____/____/____
DD MM YY

Local Purchase Order (LPO - For Malaysian Only)

LPO Number: _____ (Please submit the original copy to Congress Secretariat)

Issuing Hospital/Institution: _____

Date of Issue: _____

Contact Person/Tel. Number: _____

Electronic Bank Transfer / Cash On-line:

Account number: 1416-0017313-05-5

Account Name: MPA 32ND Congress

Banker CIMB Bank Berhad

Address: 64, Jalan Raja Muda Abdul Aziz, 50300 Kuala Lumpur

Swift Code: CIBBMYKL

For payment made through electronic transfer, please send us a copy of the bank transaction together with the registration form after payment has been deposited.

Please send the complete registration form and payment to:-

Secretariat, 32nd MPA Annual Congress c/o Event Solution Management Sdn Bhd

D-3-32 Pusat Perniagaan Seksyen 8 (8 Avenue), Jalan Sg. Jernih 8/1, 46050 Petaling Jaya, Selangor, MALAYSIA

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ROOM RESERVATION FORM

Prof Dr Mr Mrs Ms

Full Name (as per I.C.)			
I.C. number: (old)		(new)	
Institution			
Address			
City	Country	Postal Code	
Telephone		Fax	
Email			
Check-In Date			Flight No./ETA
Check-Out Date			Flight No./ETD
Room Type	<input type="checkbox"/> Single	<input type="checkbox"/> Double	<input type="checkbox"/> Twin Bed
Special Request	Extra Bed <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Smoking Floor <input type="checkbox"/> Non-Smoking Floor	
Hotel Name	Room Category	Room Type	Daily rate
Hilton Kuala Lumpur	Hilton Innovation	Single With Breakfast	RM 454.25 net per night
		Twin/Double With Breakfast	RM 488.75 net per night
Le Meridien Kuala Lumpur	Deluxe Room	Single With Breakfast	RM 460.00 net per night
		Twin/Double With Breakfast	RM 517.50 net per night
Cititel Mid Valley Kuala Lumpur	Superior Room	Single With Breakfast	RM 235.00 net per night
		Twin/Double With Breakfast	RM 255.00 net per night
	Deluxe Room	Single With Breakfast	RM 330.00 net per night
		Twin/Double With Breakfast	RM 350.00 net per night

MODE OF PAYMENT

Please make the cheque payable to **"Event Solution Management Sdn Bhd"**

Cheque (Bank: _____ Cheque No.: _____ Total Amount: RM _____)

Telegraphic Transfer to:-

Beneficiary : Event Solution Management Sdn Bhd A/C Number : 202 008587 101 (MYR a/c) 202 008587 725 (USD a/c) Swift Code : HBMBMYKL Banker : HSBC Bank Malaysia Berhad Branch : Petaling Jaya Address : 17-23, Jalan Sultan, 46200 Petaling Jaya, Selangor Darul Ehsan, Malaysia	Please fax or send this form to: Event Solution Management Sdn Bhd D-3-32, Pusat Perniagaan Seksyen 8 (8 Avenue), Jalan Sg. Jernih 8/1, 46050 Petaling Jaya, Selangor Darul Ehsan Tel: (603) 7955 6608 Fax: (603) 7956 6608 Contact Person: Ms Nikki Loh / Ms Rachel Ho Email: mpa2010@myeventsolution.com
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Cancellation Policy:-

> 30 days prior event : One night cancellation charge for each room/night cancelled.

> 14 days prior event / No Show : Cancellation of full length stay for each room/night cancelled.