REGISTRATION FORM

Malaysian Dental Association

MDA—DENTIUM IMPLANT COURSE "ESTABLISHING IMPLANT TREATMENTS— THE PRACTICAL WAY"

14th & 21st March 2010

Developed by dentist for dentist

Dentium

Participant

Title: please indicate ☑ ☐ Professor ☐ Dato ☐ Datin ☐ Dr ☐ Mr ☐ Mrs ☐ Ms

Name:_____
(in BLOCK LETTERS and as appears on your Identity Card)

Institution:_____ Department:_____

Address:_____

_____ Postal code:_____ State:_____ Country:_____

Tel no:_____ Fax no:_____ Mobile:_____ E-mail:_____

Special diet: ☐ Vegetarian ☐ Others. Please specify:_____

COURSE REGISTRATION FEES

Please tick ☑ on applicable box:-

☐ **MDA Member: RM550.00** ☐ **Non-member: RM650.00**

Registration will only be accepted until **5th March 2010**. Limited to max **40 participants ONLY**.
Kindly confirm your registration early to avoid disappointment.
*Please inquire our MDA officer for **seats availability** before sending us your payment.*

Payment

Please make bank draft/ cheque in Ringgit Malaysia (RM) made payable to: **Malaysian Dental Association**

a) Bank Draft/Cheque Number:_____ for the amount RM:_____

- Registration will not be accepted without payment

b) Credit Card No. ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Please deduct RM _____from my ☐ VISA ☐ Master Card

Card Expiry Date _____ Name as appeared on Card _____

Signature _____ Date: _____

Disclaimer: The Organizing Committee reserves the right to change or cancel the programme without prior notice if circumstances dictates.

Note/Comment:

_____

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_____

Please mail registration form to:

Malaysian Dental Association
No. 54-2, Medan Setia 2, Plaza Damansara, Bukit Damansara, 50490 Kuala Lumpur.
Tel: +603-2095 1495 Fax: +603-2094 4670 Email: mda@streamyx.com