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MALAYSIAN ASSOCIATION OF AESTHETIC DENTISTRY
7th ANNUAL GENERAL MEETING & SCIENTIFIC SYMPOSIUM
AND
11th BIENNIAL MEETING, ASIAN ACADEMY OF AESTHETIC DENTISTRY
14-17 MAY 2010
THE PRINCE HOTEL & RESIDENCE KUALA LUMPUR, MALAYSIA

LOCAL (MALAYSIAN) REGISTRATION FORM

PLEASE COMPLETE AND RETURN THE FORM & FULL PAYMENT TO:

MALAYSIAN ASSOCIATION OF AESTHETIC DENTISTRY
NO. 75 JALAN SETIABAKTI, BUKIT DAMANSARA, 50490 KUALA LUMPUR, MALAYSIA.
TEL: +603-20930309 FAX: +603-20932309 E-MAIL: medident@streamyx.com

PLEASE WRITE OR PRINT IN BLOCK LETTERS

☐ Prof ☐ Dr ☐ Mr ☐ Miss

NAME: _____ _____
(LAST) (OTHER NAMES)

ADDRESS: _____

_____
(POSTCODE) (CITY, COUNTRY)

E-MAIL: _____ TEL: _____ FAX: _____

A. SCIENTIFIC MEETING (14-16 MAY 2010)

CATEGORIES	BEFORE 14 APRIL 2010	ON AND AFTER 14 APRIL 2010	ON-SITE REGISTRATION
MAAD MEMBER	☐ RM650	☐ RM750	☐ RM850
NON-MAAD MEMBER	☐ RM850	☐ RM950	☐ RM1050
DENTAL UNDERGRADUATE	☐ RM250 (Excluding Food & Beverage)		
WELCOME RECEPTION 14 MAY 2010	☐ RM150 PER PERSON		
INSTALLATION NIGHT AND FORMAL DINNER 15 MAY 2010	☐ RM200 PER PERSON		
TOTAL	RM _____		

REGISTRATION IS INCLUSIVE OF:

COMPLIMENTARY FOOD & BEVERAGE DURING COFFEE BREAK AND LUNCH

B. LIMITED ATTENDANCE HANDS-ON COURSE (14 & 17 MAY 2010)

CATEGORIES	BEFORE 14 APRIL 2010	ON AND AFTER 14 APRIL 2010	ON-SITE REGISTRATION
DR. RHYS SPOOR 14 May 2010 (Friday) 3.00pm-6.00pm Operative Technique Lab, University of Malaya	☐ RM750	☐ RM800	☐ RM850
DR. GALIP GUREL 17 May 2010 (Monday) 9.00am-1.00pm Operative Technique Lab, University of Malaya	☐ RM750	☐ RM800	☐ RM850
TOTAL	RM _____		

REGISTRATION IS INCLUSIVE OF:

COMPLIMENTARY FOOD & BEVERAGE DURING COFFEE BREAK AND LUNCH

MODE OF PAYMENT

A. PLEASE MAKE BANK DRAFT/CHEQUE IN RINGGIT MALAYSIA PAYABLE TO 'MAAD'.

DRAFT/CHEQUE NO. _____ AMOUNT RM _____

BANK _____ DATE: _____

B. CREDIT CARD NO. ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐
Please provide us a clear photocopy of the front and back of the credit card

I AM AUTHORIZING MALAYSIAN ASSOCIATION OF AESTHETIC DENTISTRY (MAAD) TO DEBIT MY CREDIT CARD BEING CHARGES FOR THE ABOVE.

PLEASE DEDUCT RM _____ FROM MY ☐ VISA ☐ MASTERCARD

CARD EXPIRY DATE _____ (mm/yy) NAME ON CARD _____

CARD ISSUING BANK _____ CVC CODE _____
The last three digits on the reverse side of your card

CARDHOLDER SIGNATURE _____ DATE _____ (dd/mm/yy)

C. TELEGRAPHIC TRANSFER / DIRECT BANKING

ACCOUNT NAME: MALAYSIAN ASSOCIATION OF AESTHETIC DENTISTRY
BANK: MAYBANK BERHAD (MBB), PETALING JAYA MAIN BRANCH
SWIFTCODE: MBBEMYKL
ACCOUNT NO. 514169140255

CANCELLATION POLICY

Cancellations received before 1 MAY 2010 (IN WRITING) will be entitled to a 50% refund on the total fees received after deducting all bank charges incurred. No refund will be given for cancellations received on or after 1 May 2010.

THE ORGANIZING COMMITTEE RESERVES THE RIGHT TO CHANGE OR CANCEL THE PROGRAMME WITHOUT ANY PRIOR NOTICE IF CIRCUMSTANCES DICTATE.