



WORKSHOP REGISTRATION FORM

Organized by

MALAYSIA ASSOCIATION FOR CELL THERAPY (MACT)

Details of the Events

Name : **Workshop On Current Cell Therapy Development**
Date : 21st Sept 2013
Fees : MACT Members : RM 200 per pax (including students)
Non MACT Members: RM 400 per pax

Title: Dr Prof Mr Ms Other:

Full Name: _____

(University/Organization): _____

Membership: Full Member Associate Member Student Non Member

Preferred Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____

Telephone: () _____ Fax: () _____

Email: _____

PAYMENT DETAILS

Payment method	<input type="checkbox"/> Cheque <input type="checkbox"/> Online transfer <input type="checkbox"/> Cash deposit
Name of the Bank	
Name of the Payee (if different from the name above)	
Date transfer / date of the payment	
Total Payment	

*As soon as payment has been made, please Fax: **03-78426372** or Email: **mact2012@gmail.com** the completed registration form with payment, a copy of the deposit slip including a copy of the cheque to MACT for us to issue an official receipt to you.

Please also list the members name if payment was made collectively.

#	List Title	Name	Email address
	<input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Other: _____		
	<input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Other: _____		
	<input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Other: _____		

By mail (via Cheque):

MACT Secretariat

D7-3-1 Block D7, Pusat Perdagangan Dana 1,
Jalan PJU 1A/46, PJU 1A, 47301 Petaling Jaya,
Selangor Darul Ehsan

Please kindly pay the fees to the Association's account via cheque or electronic transfer to the account below.

Payable : **MALAYSIA ASSOCIATION FOR CELL THERAPY**

Account No : **512978003724**

Bank : **Maybank Ara Damansara branch**

*As soon as payment has been made, please Fax: **03-78426372** or Email: **mact2012@gmail.com** the completed registration form with payment, a copy of the deposit slip including a copy of the cheque to MACT for us to issue an official receipt to you.