

## REGISTRATION FORM

Please email your completed registration form with proof of payment  
to: Email: [myradwebs@gmail.com](mailto:myradwebs@gmail.com) Enquiry: 012-2826208

**REGISTRATION CLOSING ON 1 NOVEMBER 2023 @ 9PM**

**4 CPD  
POINTS**

### A. REGISTRATION

Title (please select): ☐ Prof ☐ Dr ☐ Dato ☐ Datin ☐ Mr ☐ Mdm ☐ Ms

Full Name: \_\_\_\_\_  
(PLEASE WRITE CLEARLY IN BLOCK LETTERS FOR PRINTING OF CERTIFICATE OF ATTENDANCE)

NRIC No \_\_\_\_\_ MMC No \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name & Location of Workplace: \_\_\_\_\_

☐ MyRad/CoR Member ☐ Non-Member (Radiologist/NM Physician/Oncologist) ☐ Non-Member MO/Trainee  
☐ Others (please specify) \_\_\_\_\_

### B. REGISTRATION FEE

FEE CATEGORY:	
MYRAD / COR MEMBER	RM 60.00
NON-MEMBER / OTHERS	RM 150.00
IMPORTANT NOTE: STRICTLY NO REFUND ON CANCELLATION FOR PAYMENT MADE THREE (3) DAYS OR LESS PRIOR TO EVENT	

### C. PAYMENT MODE

PLEASE SELECT ( √ ):					
<input type="checkbox"/>	Bank Transfer	<input type="checkbox"/>	Amount Paid (RM):	<input type="checkbox"/>	Bank Name:
<input type="checkbox"/>	Cash Deposit	<input type="checkbox"/>	Payment Date:	<input type="checkbox"/>	Transaction Ref:

### D. BANK INFORMATION

Account Name:	Malaysian Society of Radiologists
Account Number:	5641-6446-0813
Bank Name:	Maybank (Malayan Banking Berhad)
Bank Address:	50, Jalan Sultan 52/4, Ground Floor, 46200 Petaling Jaya, Selangor
Bank Swift Code:	MBBEMYKL

SIGNATURE: \_\_\_\_\_ SUBMISSION DATE: \_\_\_\_\_

**IMPORTANT - If you have not received any email confirmation of your registration after one (1) week from your submission date, please enquire at 012-2826208. Thank you for your registration. Enjoy the Webinar!**