

REGISTRATION FORM

'NADI ADVOCATE' FOR GENERAL PRACTITIONERS NADI Regional Diabetes Course

****H Elite Design Hotel Kota Bharu, November 16-17, 2019**

**** Double Tree By Hilton Melaka, December 14-15, 2019**

**please choose one

Please tick '✓' where applicable

General Practitioner

Others: Please specify _____

Please type or print your particulars in **BLOCK** letters.

Name: Dr.

Family Name/ Surname (If any):

Organisation:

Mailing Address:

Postcode: State: Country:

Telephone (Off): (M):

Fax: E-mail:

Name to appear on certificate:

Name to appear on name tag:

Meals: Normal

Vegetarian

Secretariat Address:

National Diabetes Institute (NADI)
No.1, Jalan SS3/50, 47300 Petaling Jaya, Selangor, MALAYSIA
Email: enquiry@nadidiabetes.com.my
Website: nadidiabetes.com.my
Tel: 603 - 7876 1676 / 1677 Fax: 603 - 7876 1679

REPLY FORM

Emeritus Professor Dato' Mustaffa Embong
Executive Chairman (Honorary)
National Diabetes Institute (NADI)
No. 1, Jalan SS 3/50,
47300 Petaling Jaya,
Selangor Darul Ehsan.

Dear Prof. Mustaffa,

'NADI Advocate' for General Practitioners Regional Diabetes Course

With reference to the above, I am happy to inform that I am interested to attend the NADI Regional Diabetes Course in:

****1. H Elite Design Hotel Kota Bharu on 16-17 November, 2019**

****2. Double Tree By Hilton Melaka on 14-15 December 2019**

*** Please choose one.*

I am a General Practitioner

I am keen to be accredited as a NADI Advocate

Attached is the Registration Form and Crossed Cheque/Bank Draft/Money Order/Local Order for **RM450.00 Registration Fee**

.....
 I am NOT interested to be a NADI Advocate/attend the Regional Diabetes Course.

Thank you.

Yours Sincerely,

Signature : **Company** :

Name : **Date** :

Please return this form by fax/email to: 03-7876 1679 **(FAX)**/ enquiry@nadidiabetes.com.my **(E-MAIL)** earliest possible. Acceptance is on first-come basis. Thank you.