

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. Kuantan on 27-28 October, 2018**

****2. Johor Bharu on 8-9 December 2018**

** 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@nadiabetes.com.my (E-MAIL) earliest possible. Acceptance is on first-come basis. Thank you.