

REGISTRATION FORM

'NADI Advocate' for General Practitioners Regional Diabetes Course

August 3 – 4, 2019

Sheraton Imperial Kuala Lumpur Hotel
Jalan Sultan Ismail, 50250 Kuala Lumpur, MALAYSIA

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: diabetesmalaysia.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**
Sheraton Imperial Kuala Lumpur Hotel
August 3 – 4, 2019

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

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

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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.