

REGISTRATION FORM

DELEGATE DETAILS

Title: _____ First & Middle Name: _____ Family Name: _____

Organisation / Institution: _____ Department Title: _____

Address: _____

City: _____ State: _____ Postal Code / ZIP: _____ Country: _____

Telephone: _____ Fax: _____ Mobile: _____ Email: _____

Dietary Preferences: Vegetarian Diabetic Others: _____

PART 1: REGISTRATION FEE

Registration Type	On and before 15 Oct 2011	After 15 Oct 2011	Tick(✓)	Total
Normal Participant	MYR900	MYR1,800		
NGOs, Industry Bodies & Government	MYR800	MYR1,400		
Total				MYR

ATTENDANCE CONFIRMATION

Please tick where appropriate (✓)

Event	Able to attend	Unable to attend
Cocktail cum Dinner on 15th November (6pm – 8:00pm)	<input type="checkbox"/>	<input type="checkbox"/>

PART 2: HOTEL ACCOMMODATION

Hotel	Room Category	Price (MYR)	Please Tick (✓)	Check-in Date	Check-out Date	No. of Nights	Total (MYR)
THE LEGEND [4 Star]							
	Superior - Single Room with ABF	MYR 250					
	Superior - Double Room with ABF	MYR 275					
	Deluxe - Single Room with ABF	MYR 275					
	Deluxe - Double Room with ABF	MYR 300					
	Legend Crest - Single Room with ABF	MYR 470					
	Legend Crest - Double Room with ABF	MYR 505					
	Junior Suite - Single Room with ABF	MYR 575					
	Junior Suite - Double Room with ABF	MYR 630					
SERI PACIFIC [4 Star]							
	Superior - Single Room with ABF	MYR 315					
	Superior - Twin/Double Room with ABF	MYR 365					
	Deluxe - Single Room with ABF	MYR 355					
	Deluxe - Twin/Double Room with ABF	MYR 405					
	Club - Single Room with ABF	MYR 450					
	Club - Twin/Double Room with ABF	MYR 540					
TOTAL							MYR

Other requirement: Smoking Non Smoking Disabled Facilities Others: _____

Smoking and room type preference are based on hotel availability at time of check-in.

Important Note:

-Room costs are per night and include all taxes and American breakfast.

-Hotels have guaranteed that they will not sell equivalent rooms at a cheaper rate.

