**Registration Form**

**Title:** [ ] Prof  [ ] Dr  [ ] Mr  [ ] Mrs  [ ] Ms  
**Full Name:** ____________________________________________________________

**Preferred Name on Badge:** __________________________________________ (Limited to 15 alphabets)

**Institution:** ____________________________________________________________

**Correspondence Address:** ____________________________________________

**Postcode:** ___________________________  **Country:** ___________________________

**Telephone:** ___________________________  **Mobile:** ___________________________

**Facsimile:** ___________________________  **Email:** ___________________________

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**Pre-Congress Workshop Fee (6th October 2016) ***(Limited to 20 participants only)*

<table>
<thead>
<tr>
<th>Category</th>
<th>Hands-on</th>
<th>USD/RM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Delegate</td>
<td>RM 1000</td>
<td></td>
</tr>
<tr>
<td>Foreign Delegate</td>
<td>USD 300</td>
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</tr>
</tbody>
</table>

**NAM Neurospine Congress 2016 and 1st Neurospine Chapter of NAM**

<table>
<thead>
<tr>
<th>Category</th>
<th>Before and on 31/8/2016</th>
<th>After 31/8/2016</th>
<th>USD/RM</th>
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</thead>
<tbody>
<tr>
<td>NAM Life-member</td>
<td>RM 700</td>
<td>RM 800</td>
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<tr>
<td>NAM associate and ordinary member</td>
<td>RM 750</td>
<td>RM 850</td>
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<td>Local Delegate</td>
<td>RM 850</td>
<td>RM 950</td>
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<td>Foreign Delegate</td>
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<td>Allied Health Professional</td>
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<td>RM 350</td>
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</table>

**Total**

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**Payment**

All payment should be issued to “PERSATUAN SURGERI NEURO”

Payment can also be made via telegraphic transfer to:

- **Account Name**: Persatuan Surgeri Neuro
- **Name of Bank**: Maybank Bhd
- **Account Number**: 564427101352
- **Address of Bank**: Maybank, IBS Wisma Perkeso, Kuala Lumpur
- **Bank Swift Code**: MBBEMYKL

*Please return the bank remittance note along with the registration form either by fax or email.

**Secretariat**: G-1, Medical Academies of Malaysia, 210, Jalan Tun Razak, 50400 Kuala Lumpur  
**Tel:** (603) 40234700, 40254700, 40253700  
**Fax:** (603) 40238100  
**Email:** namneurospine@gmail.com  
**Website:** www.nam.org.my