

# 7<sup>th</sup> FEDERATION OF SOUTHEAST ASIA OF SLEEP MEDICINE CONGRESS 2024

## Hospital Al-Sultan Abdullah (HASA) UiTM Puncak Alam, Selangor, Malaysia

Please complete and return to [asc24.sdsm@gmail.com](mailto:asc24.sdsm@gmail.com)

Full Name _____	Affiliation _____
Address _____	Organization _____
_____	_____
Contact No. _____	Email _____
_____	_____

<b>REGISTRATION FOR</b>	<input type="checkbox"/> Doctor-Early bird (Before 31 <sup>st</sup> July 2024) – MYR 450 <input type="checkbox"/> Paramedic-Early bird (Before 31 <sup>st</sup> July 2024) – MYR 350 <input type="checkbox"/> International Delegates – USD 200	<input type="checkbox"/> Doctor-Normal Rate – MYR 550 <input type="checkbox"/> Paramedic-Normal rate – MYR 450
-------------------------	---	---

Congress registration and payment made to: **PERSATUAN PEMASALAHAN TIDUR MALAYSIA**  
**8000511248 (CIMB BANK)**

**MODE OF PAYMENT**       Cash  Bank Deposit  IBG Transfer  Check Deposit  
 Check No: \_\_\_\_\_

\*Please **complete** your registration form and **attached payment remittance** for our reference and record

**\*\*Cancellation and Refund Policy** on Registration Fees

The secretariat must be notified in writing of cancellations.

**Cancellations on or 2 weeks before the event: 50% refund**

**Cancellations afterwards: no refund**

**Forms must be accompanied by full payment to be processed. Please allow 5 working days for a confirmation email of your registration to be sent.**

Dietary Restriction     None  Vegetarian  Other (Please specify): \_\_\_\_\_

By sending this registration form, I acknowledge that I commit myself to the immediate payment of the registration fee.

Date \_\_\_\_\_ Signature \_\_\_\_\_