



Date: April 30 - May 2, 2010

Venue: Shangri-La Hotel, Kuala Lumpur, Malaysia.

DELEGATES REGISTRATION FORM (Please print)

Title: Prof. Dato Dr Mr Mrs Miss SAAARMM Member : Yes / No

Full Name: _____

Mailing address: _____

Post Code: _____

Company/Organization/Institute: _____

Office Telephone: _____ Facsimile: _____ Mobile: _____

e-mail: _____ Speciality: _____

Vegetarian Diet	
Yes	No

REGISTRATION FEE (CONFERENCE AND WORKSHOP)

	On or Before 16th April 2010		After 16th April 2010		Amount
	SAAARMM Member	Non Member	SAAARMM Member	Non Member	
Full passport Day 1, 2 and 3	RM 700	RM 900	RM 800	RM 1,000	
Foreign Participant	US 300	US 400	US 400	US 500	
Day Registration				RM 350	
Membership Renewal					
Ordinary Member				RM 50	
New Membership					
Ordinary (Entrance Fee + Subscription)				RM 150	
Life (One time payment)				RM 500	
ABAARM Board Review Course				RM 250 US 100	
ABAARM Written Examination				US 1720	
Total amount payable				US:	
				RM:	

Notes:

- Registration will be accepted only upon payment.
- No refunds will be issued for cancellation received after 20th April 2010.
- All approved refunds will be processed after the conference.
- SAAARMM will not be responsible for exchange rate applied by the Credit Card vendor, when your statement is converted into local currency.

Mode of Payment: CASH / CHEQUE / BANK DRAFT / TELEGRAPHIC TRANSFER / CREDIT CARD

Enclosed is cheque No. _____ for RM _____ in favour of **Society for Anti Aging Medicine** (Please refer below for mailing address).

Credited Alliance Bank Malaysia Bhd. A/C No.1402800100 46084 for the sum of _____ CASH / CHEQUE. (Please fax proof of payment)

Sent payment via telegraphic transfer for US/RM _____ to Society for Anti Aging Medicine. Account No. 1402800100 46084 Swift Code MFBBMYKL Alliance Bank Malaysia Berhad 41 & 43 Jalan Ipoh, 51200 Kuala Lumpur, MALAYSIA.

Authorize Society for Anti Aging Medicine to debit the following credit card for the amount of US / RM _____ as payment for registration.

Visa Master Security Code (3 digits _____)

Name of Card-Holder : _____

Credit Card No. : _____ Expiry Date : _____

Card-Holder's Signature : _____ Date : _____

SAAARMM Conference Secretariat

142, Jalan Ipoh, 3rd Floor UMNO Selangor Building,
 51200 Kuala Lumpur.
 Tel: 603 4041 0092, 603 4041 6336
 Fax: 603 4042 6970, 603 4041 4990
 E-mail: info@saamm.com
 Website: www.saamm.org

For Secretariat Use:	
Registration No.:	_____
Date Received:	_____
Total Amount US	_____
RM	_____
Rec. No.:	_____
Payment via :	_____

Hotel Information:

For room reservation at Shangri-La Hotel, please visit www.shangri-la.com/kualalumpur or call to 03-2032 2388.