

**20<sup>th</sup> Malaysian Congress and Exhibition on Allergy and Immunology 2020**  
**3<sup>rd</sup> Joint Scientific Meeting MSAI – ACIS**  
**27<sup>th</sup> – 29<sup>th</sup> March, 2020**  
**Le Meridien Kuala Lumpur, Malaysia**

**REGISTRATION FORM**

Title: Prof  Dato  Dr  Mr  Mrs  Miss

**MSAI/ACIS Member: Yes / No**

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Company/Organisation/Institute : \_\_\_\_\_

Office Telephone : \_\_\_\_\_ Facsimile : \_\_\_\_\_

E-mail : \_\_\_\_\_ Speciality : \_\_\_\_\_

**REGISTRATION FEES**

	<b>On or before 1<sup>st</sup> March 2020</b>	<b>On or After 2<sup>nd</sup> March 2020</b>	<b>Amount</b>	<b>Cancellation and refund Policy on Registration Fees</b>
MSAI/ACIS Members (all 3 days)	RM 750.00	RM 850.00	_____	The Secretariat must be notified via email of cancellations. Refunds will be made after the congress according to the following guidelines:
Non Members (all 3 days)	RM 850.00	RM 950.00	_____	
Foreign Participants (all 3 days)	US\$ 250.00	US\$ 300.00	_____	

Note: No day registration is available for this congress

**MSAI MEMBERSHIP**

Renewal of Annual Subscription RM 50.00 \_\_\_\_\_ Cancellation on or before 5<sup>th</sup> February 2020- 50% will be refunded

**New Membership (For MSAI)**

Ordinary: (*Entrance Fee + Subscription*) RM150.00 \_\_\_\_\_ Cancellation after 15<sup>th</sup> February 2020 - no refund

Life (*One time payment – No Entrance Fee Required*) RM1,000.00 \_\_\_\_\_

**TOTAL**

**MODE OF PAYMENT: CASH/CHEQUE/BANK DRAFT/T.T/Preferably Electronic online transfer**

Cheques should be made in favour of:  
**"MALAYSIAN SOCIETY OF ALLERGY AND IMMUNOLOGY"**

Cheque No. \_\_\_\_\_

**Only MSAI Members who have paid their subscription to-date are eligible for this special registration rate.**

**If you are making payment directly into our bank account, please remit as follows:**

Name of Bank : Maybank Berhad  
 Address of Bank : Lot AG 129 & 10, Block A, Ground Floor, Plaza Pekeliling  
 2, Jalan Tun Razak, 50400 Kuala Lumpur, Malaysia  
 Account Name : Malaysian Society of Allergy and Immunology  
 Account Number : 514075332529  
 Swift Code : MBBEMYKL

\_\_\_\_\_  
 Signature of Participant

Date: \_\_\_\_\_

Please send this completed form in legible handwriting or typed up, together with proof of payment, preferably by email to:

**MSAI SECRETARIAT**

142, Jalan Ipoh  
 3<sup>rd</sup> Floor, UMNO Selangor Building  
 51200 Kuala Lumpur  
 Tel: 6 03 4041 0092, 6 03 4041 6336, 6 03 4042 7919  
 Fax: 6 03 4042 7919, 6 03 4042 6970,  
 e-mail: [info@allergymsai.org](mailto:info@allergymsai.org) / [msai.acis2020allergymsai.org](mailto:msai.acis2020allergymsai.org)  
 web site: [www.allergymsai.org](http://www.allergymsai.org)

**FOR SECRETARIAT USE ONLY**

Date Received: \_\_\_\_\_

TOTAL AMOUNT: US\$ \_\_\_\_\_ RM \_\_\_\_\_

Receipt No: \_\_\_\_\_

Registration No: \_\_\_\_\_

