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**Developing a Protocol for a Cochrane Systematic Review**

**29th November – 1st December 2022**

RCSI & UCD MALAYSIA CAMPUS

4 Jalan Sepoy Lines, 10450 Penang, Malaysia

**Registration Form**

**Participant Details:**

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| **Salutation (Prof/Dr/Mr/Mrs/Ms):** | | | | |
| **Full Name:**  **I/C Number:** | | | | |
| **Name to be printed on certificate:** | | | | |
| **Institutiom:** | | | | |
| **Contact address:** | | | | |
| **Contact Number: Office/Mobile (please indicate)** | | | | |
| **Email address:** | | | | |
| **Dietary requirements:**  **(Please tick as appropriate)** |  | **Normal** |  | **Vegetarian** |

**Registration Fee: RM800**

**Please complete the Registration Form and email it to Ms Nila Pillai (nila@rcsiucd.edu.my) by 22nd November 2022.**

**Payment Mode:**

**🞏 Cheque 🞏 Direct deposit/bank transfer 🞏 ePerolehan**

**Notes:**

All cheques/direct deposit/bank transfer/ePerolehan to be made payable to :-

**Beneficiary Name: PENANG MEDICAL COLLEGE SDN. BHD.  
Bank Name: UNITED OVERSEAS BANK (M) BHD.  
Virtual Account No.: 105429100010  
Swift Code: UOVBMYKL  
Branch Name: UOBM Jalan Kelawei  
Branch Address: 9, Jalan Kelawei, 10250 Pulau Pinang, Malaysia.**

If payment mode via ePerolelan, you **must** email completed registration form to Ms Nila within 48 hours of initiating ePerolehan.

Contact: RCSI & UCD MALAYSIA CAMPUS, 4 Jalan Sepoy Lines, 10450 Penang, Malaysia.

Ms Nila Pillai :Tel: +604 217 1999 ext 1842