

REGISTRATION FORM

1st IJN ENDOVASCULAR UPDATES.
13 OCT 2018 | IJN AUDITORIUM

NAME 1. _____

Designation: _____ Contact No: _____

Email: _____ Vegetarian [Yes || No]

NAME 2. _____

Designation: _____ Contact No: _____

Email: _____ Vegetarian [Yes || No]

NAME 3. _____

Designation: _____ Contact No: _____

Email: _____ Vegetarian [Yes || No]

NAME 4. _____

Designation: _____ Contact No: _____

Email: _____ Vegetarian [Yes || No]

NAME 5. _____

Designation: _____ Contact No: _____

Email: _____ Vegetarian [Yes || No]

COMPANY NAME : _____

ADDRESS: _____

CONTACT NO : _____ EMAIL: _____

LIASON OFFICER: _____ DESIGNATION: _____

PAYMENT DETAILS

Cheque/ Bank Draft / Bank-in Slip No. : _____

Total Amount: _____

Bank: _____

Send your complete registration form to:

E: safarina@ijn.com.my | nhanis@ijn.com.my | basyirah@ijn.com.my For any enquiry, contact: +603 2600 6256 / 6247 /6253

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