



REGISTRATION FORM

PARTICIPANT DETAILS

Name : _____

Address: _____

AOEMM Membership No: _____

I/C No : _____

Email : _____

Tel : _____(Office)

_____ (H/P)

Registration Fee:

- RM 750.00 (AOEMM Members)
- RM 1000.00 (Others)
- USD 500.00 (Foreigners)
- RM 100.00 (Examination only)

Enclosed is a cheque/bank draft for RM _____
made in favour of the:

**'Academy of Occupational &
Environmental Medicine, Malaysia'**

***IMPORTANT NOTICE:**

Only participants who have registered and paid in full will be ensured a place at the course. The course materials for walk-in and non-paid registered participants shall be given on a first-come first-serve basis. To avoid disappointment, please ensure payment is made before the course.

**ASSISTANT MEDICAL REVIEW OFFICER
(AMRO) COURSE
& CERTIFICATION**

**DATE : 20th – 21st August 2016
(Saturday - Sunday)**

TIME : 8.00 am - 5.00 pm

VENUE : TH Hotel Kota Kinabalu

Bank details to bank in / tranfer registration fees

Hong Leong Bank

Acc No: 29500009155

Kindly email or fax transaction slip to

Email: malaysia.aodem@gmail.com

Fax : 03-4050 8211

For accommodation arrangement, kindly
contact the TH Hotel Kota Kinabalu at
+6088 230 777

Complete the registration form and send it via post or fax to:

Academy of Occupational & Environmental Medicine Malaysia

Room 11th, Fifth Floor, MMA House,

124, Jalan Pahang,

50300 Kuala Lumpur

Tel/Fax: +603-40508211

Hp: Ms Hema 012-6020778 (9am-5pm)Monday-Friday