

REGISTRATION FORM

Secretariat :

Attn : Cik Shikin
Post Graduate Renal Society Malaysia
c/o Department of Nephrology
Hospital Kuala Lumpur
Jalan Pahang
50586 Kuala Lumpur
Malaysia
Tel : 603 2698 4882
Fax : 603 2691 6514
E-mail : pgrsm05@yahoo.com

Dear Sir/Madam,

I would like to register for the 3rd Diagnostic and Interventional Nephrology meeting. I enclosed a Cheque No / Postal Order No. For RM made out in favour of the **“POST GRADUATE RENAL SOCIETY MALAYSIA”**

Name of registrant : _____

Address : _____

Tel : _____

Fax : _____

E-mail : _____

Choice of workshop : 1. Tenckhoff catheter _____

2. Haemodialysis catheter _____

Date : _____ Signature : _____