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| [Penang Medical College Malaysia](http://www.pmc.edu.my/) |

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| **Cochrane Malaysia** |

[](http://malaysia.cochrane.org/)

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

**29 November – 1 December 2016**

Penang Medical College

4 Jalan Sepoy Lines, 10450 Penang, Malaysia

**Registration Form**

**Participant Details:**

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

**Registration Fee: RM650**

**Payment Mode:**

**🞏 Cheque 🞏 Direct deposit 🞏 LPO**

**LPO No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_**

**Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount (RM): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please complete the Registration Form and email it to Ms Nila Pillai 22nd November 2016.**

**A place will be secured upon receipt of payment (or scanned or faxed copy of LPO).**

All cheques/LPO payments made payable to “**PENANG MEDICAL COLLEGE SDN. BHD.**”

Bank details as follows:

Bank: CIMB Islamic Bank Berhad

Branch: Jalan Burmah, Penang

Account No: 860-215-4353 , Swift Code: CIBBMYKL. Please include the reference: **CochraneNov16**

Please mail/courier payments to: Ms Jessie Chung, Penang Medical College, 4 Jalan Sepoy Lines, 10450 Penang, Malaysia.

Tel: 04-2287171; Fax: 04-2284285; Email: nila@pmc.edu.my