

**NOTES: PLEASE READ CAREFULLY BEFORE PROCEEDING WITH  
REGISTRATION PROCESS**

**REGISTRATION POLICY**

- 1) Please note that a separate registration form must be used for each participant.
  - 2) Please be informed that registration is not transferable to another person.
  - 3) Registration will only be valid when payment is received in full by the Malaysian Association for Prosthodontics.
  - 4) Delegates who wish to attend pre-conference workshops **must register for the main conference.**
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- 1) All poster presenters must register for the main conference upon acceptance of abstract. Last date for registration for poster presenters at early-bird rate will be on 8<sup>th</sup> September 2017.
  - 2) For on-site registration of local delegates, **ONLY** cash in Ringgit Malaysia will be accepted.
  - 3) The organising committee reserves the right to change or cancel the programme without prior notice if circumstances dictate.
  - 4) The organising committee will provide e-certificates to all delegates. It is the responsibility of the delegate to complete their e-survey form to receive the e-certificates.
  - 5) An acknowledgement e-mail will be sent once the payment transactions are completed successfully
  - 6) Please take note that registration package includes **ONLY** the following:
    - a. Entry for all 3 days for the main conference
    - b. Name tag with lanyard
    - c. Conference
    - d. Entrance to lecture halls (except visitors and accompanying persons)
    - e. Access to exhibition area
    - f. Invitation to opening ceremony

<b>CANCELLATION POLICY</b>	
Cancellation of registration	Refunded amount
On or Before 15 September 2017	50% of registration
After 15 September 2017	No refund

<b>(A) CONFERENCE REGISTRATION FEES</b>			
Please indicate your registration by ticking (√) the relevant box			
Participants	Early Bird Rate (Before 01 September 2017)		Regular Rate (After 01 September 2017)
MAP Member	RM 380		RM 430
Non-MAP member	RM 430		RM 480
International delegate	USD 100		USD 120
Student (Local)	RM 300		RM 350
One day Tooth wear Course by <i>Prof Dr. Alexander Milosevic</i>	RM 200		RM 250
MAP Member + One day Tooth wear Course	RM 550		RM 600
Non-MAP member + One day Tooth wear Course	RM 600		RM 650
International delegate + One day Tooth wear Course	USD 150		USD 170
Technicians	RM 300		RM 350
<b>Total (A): RM _____</b>			

<b>(B) WORKSHOP</b>						
Please indicate your registration by ticking (√) the relevant box						
Participants	Early Bird Rate (Before 01 September 2017)			Regular Rate (After 01 September 2017)		
<b>The All-on-4® Concept</b>  <i>Dr. Kelvin Khng</i> <i>Date: 5<sup>th</sup> October 2017 (half-day)</i> <i>Venue: Balai Ungku Aziz</i>	RM 300		USD 75	RM 350		USD 95
<b>Articulators and Occlusion: A Hands-on Masterclass</b>  <i>Prof Dr. Alexander Milosevic</i> <i>Date: 5<sup>th</sup> October 2017 (full-day)</i> <i>Venue: Faculty of Dentistry UiTM, Sungai Buloh</i>	RM 450		USD 120	RM 500		USD 140
<b>Copy denture and denture labelling</b>  <i>Dr Nusima Mohamed /</i> <i>Dr Natasya Tarib</i> <i>Date: 5<sup>th</sup> October 2017 (full-day)</i> <i>Venue: Balai Ungku Aziz</i>	RM 250		USD 65	RM 300		USD 85

<b>Intraoral Obturators for Maxfac Rehab</b>  <i>Dr. M.L. Theerathavaj Srithavaj</i> <i>Date: 5<sup>th</sup> October 2017 (full-day)</i> <i>Venue: Balai Ungku Aziz</i>	RM 350	USD 85	RM 400	USD 105
<b>Balancing pink &amp; white: Gingival aesthetics for implant prosthesis</b>  <i>Mr. Jovi Ng</i> <i>Date: 5<sup>th</sup> October 2017 (half-day)</i> <i>Venue: Faculty of Dentistry UiTM, Sungai Buloh</i>	RM 150	USD 40	RM 200	USD 60
<b>Total (B): RM _____</b>				

REGISTRATION							
Please indicate your title by ticking (√) the relevant box							
Professor		Dato'		Datin		Dr.	
Mr		Mrs		Ms			
MAP member		Non-member					
Please indicate place of practice by ticking (√) the relevant box							
Government		Private		University		Armed Forces	Others
Name: _____ (in BLOCK letters and as appears in your identity card)							
Institution: _____ Department _____							
Address: _____ _____ _____							
Postal code: _____		State: _____		Country: _____			
Tel no: _____		Fax no: _____		Mobile no: _____			
E mail: _____							
Diet preference: Vegetarian: _____				Non-vegetarian: _____			

TOTAL REGISTRATION FEE
<b>Total (A + B): RM / USD _____</b>

### STUDENT CLARIFICATION

I hereby certify that \_\_\_\_\_ is a full-time student.

Name of institution: \_\_\_\_\_

Head of Department: \_\_\_\_\_

Authorised signature: \_\_\_\_\_

Date: \_\_\_\_\_ Official stamp: \_\_\_\_\_

### PAYMENT

Please make bank draft/cheque in Ringgit Malaysia (RM) made payable to: **Malaysian Association for Prosthodontics**

If you wish to make payment via cheque, kindly mail the cheque via AR registered post to **D-5-1 Pusat Komersil Parklane, Jalan SS 7/26 Kelana Jaya, 47301 Petaling Jaya, Selangor, Malaysia**, together with the registration form.

Below are details for online fund transfer:

Bank:	Public Bank
Account number:	3168508600
Swift code:	PBBEMYKL

Please e mail proof of payment to [maprosth@gmail.com](mailto:maprosth@gmail.com)

Delegates may also send an e mail to [maprosth@gmail.com](mailto:maprosth@gmail.com) for further enquiries.