

REGISTRATION FORM

5th Sarawak Mental Health Conference 2018

Date: 9th – 11th April 2018

Venue: Imperial Hotel, Kuching

PARTICULARS

Title (Prof/Dr./Mr./Mrs./Ms.):		
Full Name (Per IC/Passport):		
Identification Number/Passport:		
Designation/Grade:		
Organization (Hospital/Clinic/Agency):		
Address of Workplace:		
State:	Country:	Postcode:
Tel:	Fax:	Mobile No:
Email:		

***Please Write in BLOCK LETTERS**

REGISTRATION FEES

Pre-Conference Workshop (9th April 2018)

(Please tick **ONE WORKSHOP** that you are interested to attend.)*

Workshop 1	Parenting Today's Teens	
Workshop 2	Cognitive Dysfunction in Depression: Functional Consequences in People with Depression	
Workshop 3	Management of Aggression in Peripheral Hospitals	
Workshop 4	Fundamentals of Psychiatric Interview & Mental State Assessment	
Workshop 5	MINDFUL Gym REST-Shop: Mindfulness for Stress Reduction and Wellness	

Conference (10th – 11th April 2018)

Registration Fees <i>(*Please tick one.)</i>		Early Bird (By 15th March 2018)	After 15th March 2018
Workshop Only		<input type="checkbox"/> RM 180	<input type="checkbox"/> RM 250
Conference Only	Doctor	<input type="checkbox"/> RM 500	<input type="checkbox"/> RM 550
	Allied Health/Paramedic/Student	<input type="checkbox"/> RM 300	<input type="checkbox"/> RM 350
Workshop & Conference	Doctor	<input type="checkbox"/> RM 600	<input type="checkbox"/> RM 750
	Allied Health/Paramedic/Student	<input type="checkbox"/> RM 400	<input type="checkbox"/> RM 450
Foreign Delegates		<input type="checkbox"/> USD 300	

SARAWAK MENTAL HEALTH CONFERENCE'S DINNER

(To be held on evening of 10th April 2018)

(Please tick)*

I would like to join Sarawak Mental Health Conference's Dinner (Inclusive in registration fee)

Additional person: _____ (Chargeable of RM80 per person for Malaysian/USD 30 per person for non-Malaysian)

Please state your food preference

Vegetarian Non-Vegetarian

MODE OF PAYMENT

(** Please circle)

I enclosed herewith ** Bank-in Slip/LPO/Cross Cheque/Bank Draft No.

with the amount of RM made payable to:

CME HOSPITAL SENTOSA

Account No: MAYBANK BERHAD (511074511375)

Date: _____ Signature: _____

- **Any form of cash intended for payment of registration fee shall not be accepted by the secretariat.
- The above rates are inclusive of 6% GST
- Participants are advised to bank-in the payment to the **account stated above directly** and **attached a copy of the Bank-in slip** as reference for purpose of registration. Please bring along the original copy during registration on the event day.
- Kindly **scanned the completed registration form** together with **a scanned copy of the payment slip** to email: **5thsmhc2018@moh.gov.my** or fax to **082-610495**.
- For more information, please contact the secretariat at **082-612321/132** (Encik Ahmad Zamri Warimin / Dr. Nuraini / Dr. Siti Khairrunisa).
- For **scientific enquiries**, please contact **Dr. Syarifah/Dr. Amanda** at **082-612321/132**.
- **Cancellation/ Replacement Clause:** Any cancellation or replacement must be conveyed to the Secretariat in writing, **30 days prior to the Conference**. Any cancellation after that will not be refunded.
- Hotel Arrangements to be made **on your own**. Kindly liaise/book **directly** with the hotel. Rooms are limited. Please make reservations early.
- Online Registration Form can be found at our Facebook Page, **<https://www.facebook.com/5thSMHC2018>**