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 | Early Bird (By 15th March 2018) | After 15th March 2018 |
| Workshop Only | Doctor | Allied Health/Paramedic/Student |
| Conference Only | RM 180 | RM 500 |
| Workshop & Conference | RM 300 | RM 600 |
| Foreign Delegates | RM 400 | RM 450 |

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