

# Registration Form

Title : \_\_\_\_\_

Name : \_\_\_\_\_

IC : \_\_\_\_\_

Clinic Name

: \_\_\_\_\_

Clinic Address

: \_\_\_\_\_

: \_\_\_\_\_

: \_\_\_\_\_

: \_\_\_\_\_

MDC : \_\_\_\_\_

Qualifications : \_\_\_\_\_

Personal Email

: \_\_\_\_\_

Mobile

: \_\_\_\_\_

Clinic Number

: \_\_\_\_\_

I agree that my contact information may be shared with Trio Events Marketing Enterprise's marketing partners for future promotions

## Declaration

I, \_\_\_\_\_ with my  
IC / National ID Number:

\_\_\_\_\_ hereby affirm that all statements made by me on this form are correct. I understand that any inaccurate or false information will render this application invalid. I also understand the organisers will not be held liable for any bodily harm or financial losses.

Payment - RM 5600 nett  
Cheque / Transfer  
Payee: Trio Events Marketing Enterprise  
Bank: CIMB Bank  
Acc #: 8008-3092-53

Please email / whatsapp bank slip after payment to:

Ms Janet  
+60103913881  
[janet@dentistsnearby.com](mailto:janet@dentistsnearby.com)

Mr William  
+60172558125

## Registration Policy

- All rates are inclusive of prevailing GST
- Your registration will be valid when payment is received in full
- The organisers reserve the right to amend any part of the program without giving any prior notice should the needs arise
- The organisers reserve the right to cancel the program or any part of the whereof without any prior notice of the event of acts of God, fire, acts of government, terrorism, war or any relevant event beyond the control of the organisers

## Cancellation policy

- Cancellation possible, but fees paid are not refundable
- Registration seat transferrable to another doctor

## Organised by

Trio Events Marketing Enterprise