

For Official Use Only Registration No.
Abstract No.

**2nd ANNUAL SCIENTIFIC MEETING, IADR MALAYSIAN SECTION (SEA DIVISION)
12TH ANNUAL MEETING, SEAADE
KUALA LUMPUR, 25-26 September 2001**

Registration Form

A separate registration form must be used for each participant, except for accompanying persons

Participant Prof Dr Mr Mrs Ms Institution

Family Name First Name Sex

Mailing Address

City Postal Code Country

Telephone Fax E-mail

IADR Yes No Membership Number
Malaysian Section Member

IADR member Yes No Membership Number

Accompanying persons

Family Name First Name Sex

Family Name First Name Sex

Registration Fee (please circle)

	Registration Fee		Accommodation (room/per night)				Amount
	Until 20 Aug 01	After 20 Aug 01	Until 20Aug 01		*After 20 Aug 01		
			Single	Twin Sharing	Single	Twin Sharing	RM/USD
IADR Member Malaysian Section	RM 150	RM 220	RM 200	RM 100	RM 250	RM 125	
SEAADE**/IADR Member	USD50	USD65	USD 60	USD 30	USD 75	USD 38	
Non-Member	RM 300 USD 85	RM 350 USD 100	USD 60	USD 30	USD 75	USD 38	
***Dinner Tickets for accompanying persons. RM100 per person (USD28 per person)							
Grand Total: RM/USD							

* Subject to availability, ** Institutional members as indicated on the next page, ***Dinner ticket is already included with IADR member or non-member full registration.

I have arranged twin sharing accommodation with another participant, whose name is,
Prof/ Dr/ Mr/ Mrs/ Ms _____

I am interested in visiting the Dental School.

Payment Declaration

Payment must be made in Malaysian Ringgit or USD.

I enclose a bank draft / cheque payable to 'IADR Malaysian Section'

Bank Draft / Cheque No. _____

Bank _____

Amount _____

I wish to pay by Visa MasterCard Amount: _____

Card No. _____

Cardholder's Name _____

Expiry Date _____ Cardholder's Signature _____ Date _____

Signature _____ Date _____

Name of signatory _____

Please mail this form together with payment to:

The Secretariat, IADR/SEAADE 2001
c/o Department of Conservative Dentistry
Faculty of Dentistry
University of Malaya
50603 Kuala Lumpur
Malaysia

Refund Policy

On or before 20 August 2001
Refund less RM50 (USD15) processing fee

After 20 August 2001
No refund

You may fax your registration form with credit card payment. Do not send in the form by mail if you have registered by fax to avoid duplication.

Fax: 603-79674533

SEAADE Institutional Members

Faculty of Dentistry, University of Hong Kong, HONG KONG
SDM College of Dental Sciences, Sattur Dharwad, INDIA
Faculty of Dentistry, University of Indonesia, Jakarta, INDONESIA
Faculty of Dentistry, Trisakti University, Jakarta, INDONESIA
Faculty of Dentistry, University of Malaya, Kuala Lumpur, MALAYSIA
College of Dentistry, Davao Medical School Foundation, Davao City, PHILIPPINES
School of Dentistry, China Medical College, Taichung, TAIWAN R.O.C
School of Dentistry, Chung Shan Medical & Dental College, Taichung, TAIWAN R.O.C
Faculty of Dentistry, Prince of Songkla University, Songkla, THAILAND
Faculty of Odonto-stomatology, University of Health Sciences, Ho Chi Minh City, VIETNAM