



## A. INFORMATION

Title	<input type="checkbox"/> Prof	<input type="checkbox"/> Dato'	<input type="checkbox"/> Datin	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms
Full Name							
Institution							
NRIC no.							
Address							
Postcode		City		State			
H/P						E-mail	

Please indicate type of registration.

Oral Presentation	
Poster Presentation (Competition)	
Poster Presentation (Non-competition)	
Table Clinic	
Dental Quiz	
Talent Show	
Online Photography	
Online Videography	

## B. DIET PREFERENCE

- ☐ Vegetarian  
☐ Non-vegetarian

## C. GALA DINNER

- ☐ Attending  
☐ Not attending

## D. ACCOMMODATION

- ☐ Required  
☐ Not required

\*Registration fee does not include accommodation. Kindly e-mail us at [ndssc2019accom@mahsa.edu.my](mailto:ndssc2019accom@mahsa.edu.my) for further booking.

**E. PAYMENTS** Fee MYR100 per participant.

Enclosed is the total payment of RM \_\_\_\_\_ to be made through :

☐ **Cheque/Bank draft**

Cheque/Bank draft no. :

Issuing bank :

☐ **Cash deposit/Online banking**

Reference number :

Payer a/c number :

Bank :

***Please make bank draft/cheque payable to***

Payee name: MALAYSIAN ALLIED HEALTH SCIENCES ACADEMY SDN BHD

Bank name: AFFIN BANK

Account number: 10-040-001653-6

Account type: Savings Account

Kindly e-mail the filled in registration form along with the proof of payment to

[ndssc2019@mahsa.edu.my](mailto:ndssc2019@mahsa.edu.my)

**F. TERMS AND CONDITIONS**

**1. Registration Policy**

- The registration form is for one delegate only and is not transferable to another person. Registration is only valid when payment is received in full.
- An acknowledgement email will be sent once the payments are received.
- The organizing committee reserves the right to change or cancel the programme without prior notice.

**2. Indemnity**

- NDSSC 2019 will not be responsible for any accidents/injury/loss or damages that may occur to delegates on the way to and/or from the conference or during and after the conference.

**3. Cancellation/Charges and Refunds Policy**

- Any cancellation of registration must be made in writing to the Secretariat of 11th NDSSC 2019. There will be 50% refund of registration fee for cancellation made before 1st April 2019.
- There will be no refund of registration fee for cancellation made from 1st April 2019 onwards.

**4. Liability Limitations:** NDSSC 2019 is not liable for any damages / losses caused by the individual.

For enquiries, please contact us at : [ndssc2019@mahsa.edu.my](mailto:ndssc2019@mahsa.edu.my)

## G. DECLARATION

I hereby declare that I have read and understood the terms and conditions relating to the 11th National Dental Students Scientific Conference for which we wish to apply and now confirm that to all the information given in this form is correct.

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Signature of Participant

Date\_\_\_\_\_

## H. DEAN'S AUTHORIZATION

I hereby acknowledge that the delegates mentioned above will represent our institution and are allowed to attend the 11th National Dental Student Scientific Conference.

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Signature of Dean

