



REGISTRATION FORM

Name : _____
IC No : _____ Age : _____ Sex : Male / Female
Category : Specialist / Medical Officer / Paramedics / Allied Health / Medical Student
Institution : _____
Address : _____
H/Phone : _____ Office Tel : _____ Fax No : _____
Email : _____

REGISTRATION FEES

***Registration fees on or before 13th MAY 2018**

Category Please Tick (✓)		Fees
Specialist/ Medical Officer		RM 200
Paramedic / Allied Health		RM 120
Medical Student		RM 100
TOTAL PAYMENT		

"KELAB GASTRO-HEPATOLOGI DAN ENDOSKOPI PANTAI TIMUR"

Bank Islam Cawangan Jalan Sultan Ibrahim, 15050 Kota Bharu.

Account No: 03102010002832

Kindly submit your registration form to the secretariat address :

KGHE Secretariat

Endoscopy Unit

Hospital Raja Perempuan Zainab II

Jalan Hospital

15586 Kota Bharu, Kelantan.

TEL : 09 - 7452000 ext 4105 Fax : 09 - 7452657

E-mail : kghe@yahoo.com