



## REGISTRATION FORM

- For quick and easy registration and payment, visit [www.rcog2012.com](http://www.rcog2012.com).
- Alternatively, please complete this Registration Form (one form per delegate) and return with payment to: RCOG 2012 Congress Secretariat, at E-3-14, Block E, Plaza Damas, Jalan Sri Hartamas 1, 50480 Kuala Lumpur, Malaysia.
- Ensure your **email address** is indicated clearly as this address will be used for correspondence.
- Prices are indicated in Malaysian Ringgit (MYR).
- All payments should be made without bank charges to the beneficiary.
- All credit card payments will be subjected to a 3% surcharge.
- The RCOG 2012 reserves the right to amend the registration fees to incorporate Government Service Tax (GST/VAT) where applicable, as and when implemented by the Malaysian Government.
- (\*) Required Fields.

### A. PERSONAL DETAILS *(Please circle or write in BLOCK letters where applicable)*

Title\*: Dr/Prof/Assoc. Prof/Mr/Mrs/Ms/Sir/Other: .....

First Name\*: ..... Last Name\*: .....

Specialty\*: .....

Designation\*: Nurse/Trainee/Registrar/Specialist/Consultant/Other: .....

Institution/Organisation\*: .....

Address\*: .....

..... City\*: .....

Postcode/Zip Code\*: ..... Country\*: .....

Email Address\*: ..... Mobile Tel No.\*: .....

Office Tel No.: ..... Fax No.: .....

Please tick if you are a Fellow or Member of RCOG

### B. CONGRESS REGISTRATION *(Please tick and indicate the relevant fee category)*

Category		Early-Bird Before 1 April 2012	✓	Regular 1 April to 31 May 2012	✓	Onsite 1 June 2012 Onwards	✓	Subtotal
Full Registration		MYR1,800.00		MYR2,400.00		MYR2,600.00		
Trainees/Nurses <sup>+</sup>		MYR900.00		MYR1,200.00		MYR1,500.00		
Accompanying Person(s) <sup>++</sup>	1 Person	MYR600.00		MYR800.00		MYR1,000.00		
	2 Persons	MYR1,200.00		MYR1,600.00		MYR2,000.00		
<b>Congress Registration Total (MYR)</b>								

<sup>+</sup> Registration Form from Trainees/Nurses must be accompanied by a letter from the Head of Department confirming their status. The letter should be printed on the department letterhead and addressed to the Registration Department of the Congress Secretariat.

No.	<sup>++</sup> Full Name of Accompanying Person(s)	Complimentary Tour Selected* <i>(Please circle only one tour per person)</i>	Tour Date <i>(Please circle only one date)</i>
1.		<sup>1</sup> Semenggoh / <sup>2</sup> Kuching City	6 June 2012 / 7 June 2012
2.		<sup>1</sup> Semenggoh / <sup>2</sup> Kuching City	6 June 2012 / 7 June 2012

<sup>1</sup> Semenggoh - Semenggoh Wildlife Rehabilitation Centre, 1000-1300 hours

<sup>2</sup> Kuching City - Kuching City and Shopping Tour, 1000-1300 hours

<sup>x</sup> One tour included with each Accompanying Person Registration. Once selection has been made, changes will not be accepted. To book other non-complimentary tours, please visit the optional tours at [www.rcog2012.com](http://www.rcog2012.com).

**C. ABSTRACTS SUBMITTED**

Have you submitted an abstract for the Congress? If yes, please indicate your Abstract Number(s):

1. .... 2. .... 3. ....

**D. SOCIAL PROGRAMME** (Please indicate for both you and your accompanying person(s), where applicable)

Social Event	Price/Person	Please Tick	Subtotal
<b>Opening Ceremony</b> 1715-1830 hours, Wednesday, 6 June 2012	Included		
<b>Welcome Reception</b> 1830-2030 hours, Wednesday, 6 June 2012	Included		
<b>Closing Ceremony</b> 1600-1630 hours, Friday, 8 June 2012	Included		
<b>Charity Gala Dinner</b> 1900-2300 hours, Thursday, 7 June 2012	MYR300.00	No. of Pax	
<b>Social Programme Total (MYR)</b>			

**E. OTHER REQUIREMENTS** (Please list if applicable)

Please indicate your specific dietary requirements (i.e. vegetarian, etc.): .....

Please indicate your Accompanying Person(s) specific dietary requirements: .....

**F. GRAND TOTAL**

Congress Item	Total
<b>B. Congress Registration</b>	
<b>D. Social Programme</b>	
<b>GRAND TOTAL (MYR)</b>	

**G. MODE OF PAYMENT** (Please tick one mode of payment) All payments are to be made in Malaysia Ringgit (MYR).  
Registration Forms will NOT be accepted without payment.

- Cheque** - To be made payable to "RCOG 2012".
- Bank Transfer** - Please submit a copy of proof of bank transfer as confirmation of your payment.

Account Name: RCOG 2012  
 Account Number: 564276815266  
 Bank Name: Malayan Banking Berhad  
 Bank Address: Taman Tun Dr Ismail, 60000 Kuala Lumpur, Malaysia  
 Swift Code: MBBEMYKL

- VISA**                       **MasterCard**

Name on card: .....

Card number: ..... Expiry date (MM/YY): .....

CVV code: ..... (last three digits of code on reverse of the card)

Cardholder's full billing address: .....

Card issuing country: ..... Card issuing bank: .....

**I hereby authorise RCOG 2012 to debit my credit card for the amount of MYR**

\_\_\_\_\_  
Signature of cardholder

\_\_\_\_\_  
Date

By returning your completed registration form you are agreeing to your name and contact details being listed on the Congress Registration List. If you do NOT want your details to be included, please tick here