

REGISTRATION POLICY

- 1) Please note that a separate registration form must be used for each participant.
- 2) Please be informed that the registration is not transferable to another person.
- 3) Registration shall be valid only when payment is received in full.
- 4) Preferential rate of registration for students are applicable for undergraduates only.
- 6) The Organizing Committee reserves the right to amend or cancel the programme without prior notice if circumstances dictate
- 8) An acknowledgement email will be sent by the Registration Committee once both registration and payment are completed successfully.

LETTERS and as appears	s on your Identity Card	Passport)
aysian) / Passport No. (N	on-Malaysian)	
*City	*State/Province	*Country
*Mobile Number	*E-Mail	
*Mobile Number		ct Number
	aysian) / Passport No. (N	LETTERS and as appears on your Identity Card/ aysian) / Passport No. (Non-Malaysian) *City *State/Province



Se	ection XX Asia			
Congres	ss Registra	tion		
Registration	п Туре	Before 29th February 2016	1st March 2016 onwards	On- Site
Congress R	Registration	☐ MYR600 / USD\$ 150	☐ MYR680 / USD \$170	☐ MYR780 / USD\$ 195
*Dental Stu	dent	☐ MYR200 / USD\$ 50 (Non Stu	ident Member) 🗆 MYR80 / USC)\$ 20 (Student Member)
Grand Dinn	er Reception	☐ MYR250 / USD\$ 63 ☐	RM150 (Student Member)	Vegetarian
Endodontic	s Hands-On	☐ MYR500 / USD\$125		
Implant Har	nds-On	☐ MYR650 / USD\$163		
Registratio	n (excluding de	ntal student registration) inclu	des Lunch and Tea break on a	II 3 days of Congress
Grand Dinn *Dental Stu	ner Reception Findent is application	n 12 March 2016, 6PM sharp @ ee is included in Induction Fee ble for undergraduates only, do	for NEW Fellows and Members bes not include lunch and tea b	s oreaks. If you are
		tudent member to enjoy the sp r with this form.	ecial rate, please fill up the Se	ction XX Membership
		odontics Hands-On Workshop –	<u> "Effortless Efficient Endodont</u>	iics"
Date Time		2016 (Thursday)		
Venue	: 8:30 a.m. – : Faculty of I	•		
venue	_	Sains Islam Malaysia		
		enara B, Persiaran MPAJ		
		an Utama, Pandan Indah		
	55100, Kua	la Lumpur		
Fee	•	pax (Materials, Rotary Files, F	·	•
		s have to bring 2 extracted pos		
	• •	done. Endo Training Kit can be to the Endodontics Hands-On		•
This worksh		to the Endodontics Hands-On by Altis-Pro Marketing Sdn.Bh	, -	
9	mlant Handa On	Mankahan IIOansidanskians in	- Doubel Immlant Balatad Bana	A
<u>im</u> Date	•	Workshop - "Considerations in 2016 (Thursday)	n Dentai impiant Related Bone	Augmentation"
Time	: 8:30 a.m	` • • • • • • • • • • • • • • • • • • •		
Venue		ental Specialist Centre		
	62 & 64, Ja	-		
	Jalan Bang			
	59100, Kua	la Lumpur		
Fee	•	pax (Limited to 20 Participants	= -	
		ts have to bring needle holder,		
		AW: Participants will get a char	_	
	Please refe	r to the Implant Hands-On Wor <i>This workshop is supp</i> "		on.
Donatio	ons			
Please sele	ct a donation ty	pe:		
☐ I will be o	donating MYR /	USD\$ (enter	the amount) to ICD Section XX	Asia
			•	
☐ I won't b	_	ation at this time		
	e making a don		٦	
	_]	



Payment Information

All payments by cheque should be addressed to "INTERNATIONAL COLLEGE OF DENTIST (ICD)". Registration Committee accepts payment in the form of bank draft or telegraphic money transfer. Please note that you are responsible for all bank transaction charges and currency conversion losses.

Beneficiary Name : INTERNATIONAL COLLEGE OF DENTIST (ICD)

ICD Account No. : 80-0705854-7

Bank Name : CIMB BANK

Swift Code : CIBBMYKL

Bank Branch : STARHILL GALLERY

Bank Address : STARHILL GALLERY

T1, RELISH FLOOR, STARHILL GALLERY,

181, JALAN BUKIT BINTANG, 55100 KUALA LUMPUR, MALAYSIA.

If you bank in directly, please email the scanned copy of bank-in slip to us together with Congress Registration Form duly completed and signed for our file records. An acknowledgement email will be received once the payment and registration is completed successfully.

Questions?

If you have any questions, please contact us by email at icdsectionxxasia@gmail.com or call Dr Salima Mansur Ali (+6019 277 8924) / Dr Julius Chew (+6012 231 6136)

Cancellation Policy

Cancellation of Registration	Refunded Amount			
On or Before 20th February 2016	50% of Registration			
After 20th February 2016	No Refund			

Photo / Video Release:

For my participation in activities to be conducted by the INTERNATIONAL COLLEGE OF DENTISTS (ICD), I hereby give my permission and consent, now and for all time, to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me on my account and/or my narrative account of my experience at the INTERNATIONAL COLLEGE OF DENTISTS (ICD), for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

"ICD	SECTION	XX	ASIA	SHALL	ENSURE	THAT	THE	COLLECTIO	N, USE	AND	DISCLOSURE	OF	YOUR
PERS	ONAL DAT	TA IS	CONS	SISTENT	WITH THE	MALA	YSIAN	I PERSONAL	DATA P	ROEC	TION ACT 2010		

*Participant Name	* Participant Signature	*Date	