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| **Medical Careers Day Registration Form** | | | | | | | | | | | | | | | |  | |
| **Date of Event** | | **23rd February 2019 (Saturday)** | | | | | | | | |  |  |  |  | |  | |
| **Location** | | **Novotel KLCC**  2 Jalan Kia Peng, 50450, Kuala Lumpur, Malaysia | | | | | | | | |  |  |  |  | |  | |
| **Registration Fee: RM 50/- applies per person.**  **Please complete this form using CAPITAL LETTERS.** | | | | | | | | | | | | | | | | | |
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| **STUDENT DETAILS – As per NRIC/Passport** | | | | | | | | | | | | | | |  | |  |
| **Family Name** | |  | | | | **First Name** | | |  | | | **M** |  | | **F** | |  |
| **Preferred Name** | |  | | | | **Date of Birth** | | |  | | | **Age** |  | | | | |
| **NRIC No.** | |  | | | | **Email** | | |  | | | | | | | | |
| **Mobile No.** | |  | | | | **Phone No.** | | |  | | | | | | | | |
| **Address** | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **PARENT/GUARDIAN CONTACT INFORMATION** *To be completed if participant is under the age of 18.* | | | | | | | | | | | | | | | | | |
| **Family Name (1)** | |  | | | | **First Name** | | |  | | | **M** |  | | **F** | |  |
| **Mobile No.** | |  | | | | **Relationship** | | |  | | | | | | | | |
| **Email** | |  | | | | | | | | | | | | | | | |
| **Family Name (2)** | |  | | | | **First Name** | | |  | | | **M** |  | | **F** | |  |
| **Mobile No.** | |  | | | | **Relationship** | | |  | | | | | | | | |
| **Email** | |  | | | | | | | | | | | | | | | |
| **ACADEMIC DETAILS** | | | |  |  |  | | |  |  |  |  |  |  | |  | |
| **School Name** | |  | | | | | | | | **Year Level** | |  | | | | | |
| **Address** | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **HOW DID YOU FIND OUT ABOUT THIS PROGRAM?** *Please mark “X” where applicable* | | | | | | | | | | | | | | | | | |
| **School** | | | | |  | **Family** | | | |  | **Fair** | | |  | | | |
| **Friend** | | | | |  | **Exhibition** | | | |  | **Other** | | |  | | | |
| **Agent (please specify):** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **DIETARY REQUIREMENTS:** *Please mark “X” where applicable*  *Note: All food provided by the hotel is Halal.* | | | | | | | | | | | | | | | | | |
| **Non-Vegetarian** |  | | **Vegetarian** | | | |  | **Others (please specify):** | | | | | | | | | |

**PAYMENT INSTRUCTION:**

1. Upon completion of this registration form, please submit a signed e-copy to [events@rcsiucd.edu.my](mailto:events@rcsiucd.edu.my)

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| **Account Name** | **PENANG MEDICAL COLLEGE SDN. BHD.** |
| **Bank Name**  **Branch** | **CIMB Islamic Bank Berhad**  **Pulau Tikus Branch**  **409, Jalan Burmah, 10350, Penang** |
| **Account No.** | **8602 154 353** |
| **Swift Code** | **CTBBMYKL** |

1. Payment can be made via online banking/transfer or by cash on the event day.
2. You will receive a confirmation email from the organiser once your registration is received.
3. A copy of the receipt will be issued at the registration counter during the event.
4. I hereby verify that all information given in this registration form is complete, true and accurate to the best of my knowledge.
5. I hereby agree that RCSI & UCD Malaysia Campus has the right to reverse any decision in respect of my registration, in the event that the information given is found to be incomplete, inaccurate or false.
6. I authorise RCSI & UCD Malaysia Campus to communicate with my parents or guardian any information pertaining to the Medical Careers Day.
7. I confirm that I have read and understood the Terms and Conditions of this registration form.
8. The organisers may at any time, with or without giving notice, in their absolute discretion and without giving any reason, cancel or postpone the Medical Careers Day, change its venue or any of the other published particulars, or withdraw any invitation to attend.
9. By agreeing to the Terms and Conditions, you agree to indemnify RCSI & UCD Malaysia Campus and its organisers, officers, employees, agents, volunteers, members or representative, from any loss, liability, damage or expense suffered or incurred by any person.
10. All fees paid for the participation in the Medical Careers Day are not refundable under any circumstance.

**DISCLAIMER**

**DECLARATION BY APPLICANT**

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| --- | --- | --- | --- |
| **Signatures** | | | |
| **Student's Signature** |  | **Parent/Guardian's Signature** |  |
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|
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| **Student's Name** |  | **Parent/Guardian's Name** |  |
| **Date** |  | **Date** |  |