



# REGISTRATION FORM

Malaysian Dental Association  
Northern Zone

## MDANZ AGM cum CPD Programme

Date: 10<sup>th</sup> March 2019 Time: 9am-5pm Venue: G Hotel, Penang

### Participant's details (Please complete this form in **BLOCK** letters)

TITLE (please indicate):

Professor  Dato  Datin  Dr  Mr  Mrs  Ms

MDC NO. : \_\_\_\_\_

IC NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

(For confirmation registration via e-mail)

REMARK :  Vegetarian

### Registration Fee (Please indicate your registration $\checkmark$ )

MDA Member / Dental Student

RM 80.00

Non MDA Member

RM 150.00

### Payment

Please make bank draft/cheque/ in Ringgit Malaysia (RM) payable to: "MALAYSIAN DENTAL ASSOCIATION NORTHERN ZONE" (not in abbreviated form) and mail registration form with payment to:

Malaysian Dental Association Northern Zone Payment mode:

Dr. Jeannette Wong  
Seet Dental Surgery,  
4423 1<sup>st</sup> Floor,  
Jalan Bagan Luar,  
12000 Butterworth,  
Penang.

Cheque/Bank draft

Bank: \_\_\_\_\_

No: \_\_\_\_\_

### 18TH PENANG DENTAL CONGRESS (PDC) RM50 REBATE VOUCHER

Terms and conditions

- MDA members who register and attend MDANZ AGM cum CPD 2019 are entitled for the rebate voucher
- Rebate voucher is non transferrable, and is exclusively for the use of registration for the 18th PDC
- Rebate voucher is applicable for manual registration only, and not applicable for online registration. Delegates who wish to register for the 18th PDC with the rebate voucher are required to contact the 18th PDC registration team at [mda.northernzone@gmail.com](mailto:mda.northernzone@gmail.com)
- Rebate voucher is not valid for onsite registration of the 18th PDC
- The 18th PDC organising committee reserves the right of final decision in the event of any dispute

# REPLY PROFORMA MDANZ AGM 2019



Malaysian Dental Association  
Northern Zone

To MDA Northern Zone Secretariat,

## RESPONSE TO MDA NZ ANNUAL GENERAL MEETING 2019

Members are requested to indicate your intention to us

Please tick (✓) as appropriate

- I wish to attend annual general meeting (AGM). (please fill in the registration form)
- I would like to express my apologies for not being able to attend the AGM.
- Please prepare vegetarian meal for me during the meeting.

Name:

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Address:

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Telephone number: \_\_\_\_\_

E-mail  
address: \_\_\_\_\_

### PLEASE KINDLY SEND TO:

Dr. Jeannette Wong (Hon. Secretary)  
**Malaysian Dental Association Northern Zone**  
Seet Dental Surgery,  
4423 1<sup>st</sup> Floor,  
Jalan Bagan Luar,  
12000 Butterworth,  
Penang.