

Workshop on Wound Care and Its Management

REGISTRATION FORM

Title (Prof./Assoc.Prof./Dr./Mr./Ms.) _____

Full Name _____

Passport/NRIC No. _____

Institution/Organisation _____

MMA Registration No. (For Malaysian only) _____

Address 1. _____

Address 2. _____

City _____ Post Code _____

State _____ Country _____

Mobile / Telephone No. _____

E-mail Address _____

Registration Payment Details : Online /Cash Others _____

Signature

Fees: 200 MYR / 50USD

Payable to:

Bank Details:

A/c Name: Asia Pacific Higher Learning SDN. BHD.

Bank : CIMB Bank Berhad

Account No: 80-0814364-9

Branch Name: Taman Tun Dr. Ismail

Address: 138, Jalan Burhannuddin Helmi Taman Tun Dr. Ismail 60000 Kuala Lumpur

Swift Code: CIBBMYKL

Paypal Link: <https://www.paypal.me/lincolnuniversity01>

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