

# PHACOEMULSIFICATION WORKSHOP

## *Cataract Surgery*

### Registration Form

<p><i>Date:</i> 21<sup>st</sup> - 22<sup>nd</sup> January 2021</p>	<p><i>Venue:</i> Faculty of Medicine, University of Malaya, Kuala Lumpur</p>	
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#### **PERSONAL INFORMATION** (Please fill in the form with CAPITAL LETTERS)

Name : \_\_\_\_\_

Date of birth : \_\_\_\_\_ Sex : Male / Female

MYKAD / Passport No. : \_\_\_\_\_

Professional Role : \_\_\_\_\_

Employment  
Organisation / Institution : \_\_\_\_\_

Study Organization /  
Institution : \_\_\_\_\_

#### **CONTACT DETAILS**

Mobile No. : \_\_\_\_\_ Office No. : \_\_\_\_\_

Email : \_\_\_\_\_

Mailing  
Address : \_\_\_\_\_

Postcode : \_\_\_\_\_ City : \_\_\_\_\_

State : \_\_\_\_\_

If master student/trainee, which  
year: : 1 / 2 / 3 / 4 Date of admission : \_\_\_\_\_

Is this your first time joining a  
phacoemulsification workshop? : YES / NO  
I have joined this workshop previously on \_\_\_\_\_

**DIETARY REQUIREMENTS** (Please tick)

- Normal / Regular Meal       Vegetarian
- Others (Please specify) \_\_\_\_\_

**MODE OF PAYMENT: Online banking / ATM transfer**

Fees : RM 500

1. **Universiti Malaya** -\*\*Do not proceed payment till registration confirm by organizer.

Account details:

Account Name : BURSAR UNIVERSITY OF MALAYA

Account No : 80-0127999-8

Bank Name : CIMB Bank Berhad, University of Malaya Branch

**Seats are limited, do reserve early. Please complete and return registration form to this email:  
ophtha.secretariat@gmail.com**

Contact Person:

- i. Dr. Lim Yi Wen  
(ivonlim16@gmail.com)
- ii. Dr. Dahvinia B. Devan  
(dahvinia@gmail.com)

Chairman of UM Phacoemulsification Workshop: Dr Penny Lott Pooi Wah  
(lottpw@yahoo.com)

Signature : \_\_\_\_\_ Date : \_\_\_\_\_