



**ISNS**  
International Society for Neonatal Screening

The 9th Asia-Pacific Regional Meeting of the  
International Society for Neonatal Screening 2015

**Registration Form: Participant**

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

Company/Institution: \_\_\_\_\_

Department: \_\_\_\_\_

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

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

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

***Please Tick:***

- Developed Countries (International)     Developing Countries (International)     ISNS Member  
 Local     Student; International/Local (ID and Proof needed)  
 Others; please refer website for details \_\_\_\_\_

**METHOD OF PAYMENT**

Payment by electronic transfer should be made to:

***Universiti Sains Malaysia,***

***Bank Muamalat, USM, 11800 Penang, Malaysia.***

***Account no.: 0702-000-1054-71-6***

***Swift code: BMMBMYKL***

\* Please quote this number **302/CAATS/312089** for our reference.

\*All correspondence should be made through [aprm2015@usm.my](mailto:aprm2015@usm.my)

**For Official Use Only**

***Received:***

***Accepted:***

***Payment:***

***Type of Sponsorship:***

***Officer-in-charge:***

***Signature:***

***Remarks:***