

**FOUR-DAY SHORT COURSE ON INTRODUCTION TO INTEGRATED LAKE
BASIN MANAGEMENT (ILBM) PLAN**

26-29th MAY 2014

REGISTRATION FORM

Kindly complete and return this form by **16th May 2014** to

a) Fax : 03-87376830

b) Email : introilbm2014@yahoo.com, nuhazi_218@yahoo.com

Would you like to participate as a representative of

<input type="checkbox"/> University students	<input type="checkbox"/> Local ministries	<input type="checkbox"/> Others
<input type="checkbox"/> Local participants	<input type="checkbox"/> NGO's	(Please specify): _____

A. PERSONAL INFORMATION

Full name as per IC/Passport: _____

IC no. (for Malaysian): _____ Passport no. (for foreigner): _____

Gender: Male Female Date of birthday (DD/MM/YY): _____

Marital status : _____

Tel no. : (Mobile) _____ Facebook address : _____

(Home) _____ Email address : _____

Mailing address: _____

B. ORGANISATION DETAILS

Name of organisation: _____

Full Address: _____

Designation: _____ Company website: _____

Tel no.: (Office) _____ Fax no. : _____

C. PAYMENT METHOD

Registration fee : RM2000/person

Payment type: Cash Cheque/draft
 Local order Others (telegraphic transfer)

Please note that **CREDIT CARD** payment is NOT ACCEPTED. If payment made by cheque, it must be made payable to "The Malaysian Water Association".

Beneficiary's bank

Name of bank : Hong Leong Bank Berhad
Swift Code : HLBBMYKL
Account no. /name : 27700013651
Address : Unit A-G-10, No. 21 Jalan 26/70A,
Desa Sri Hartamas, 50480 Kuala Lumpur

Name and Address of Beneficiary

The Malaysian Water Association
No. 24, 2nd Floor, Jalan Sri Hartamas 8, Taman Sri Hartamas, 50480 Kuala Lumpur,
Malaysia

REASON OF PAYMENT: "Introduction to Integrated Lake Basin Management Plan Course 2014 and (PARTICIPANT'S NAME)

Notes: Kindly please fax/email a copy of payment slip to Malaysian Water Association at 03-62015801 (FAX), introilbm2014@yahoo.com (EMAIL)

For further information, please contact 03-87394924/01115447294 (Azie)

D. UNDERTAKING

I, _____ HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION FORM IS TRUE AND ACCURATE.

Signature : _____

Date: _____

E. CANCELLATION AND SUBSTITUTION

In case you are unable to attend the Introduction to ILBM course 2014, request for cancellation must be received in writing email to introilbm2014@yahoo.com or fax to 03-8737 6830. Request cancellation **less than 10 days** before tentative date will not be refundable. We reserved the right to refuse admission if payment is not received on time.

F. GENERAL INFORMATION

- 1) Your registration is complete upon payment in full of registration fee prior to the tentative date. Payment must be made in MYR.
- 2) Fees are inclusive of course materials, study trip, CD, certificate, meals (breakfast, brunch, lunch and tea break) and welcoming dinner for the duration of the course only.
- 3) Certificates will be issued to participants who attend the full course.

MORE INFORMATION, please contact

- a. Secretariat "Introduction to ILBM 2014"
Email address : introilbm2014@yahoo.com
Office no. : 03-8739 4924 Fax : 03-8737 6830
- b. Nurhaziyah Ibrahim
Email address : nuhazi_214@yahoo.com
Hp no: 01115447294
- c. Rubby Mahmud
Email address : rubby@mwa.org.my
Office no.: 03-6201 2250/9521