



UMS
UNIVERSITI MALAYSIA SABAH

Biotechnology Research Institute

**Bacterial Whole Genome
Sequencing Workshop**

11th – 13th October 2016

Biotechnology Research Institute, UMS

REGISTRATION FORM

PERSONAL INFORMATION

Name: Prof./Dato'/Datin/Dr./Mr./Madam/Miss

Organization:

Address:

Tel:

Fax:

Email:

REGISTRATION FEES. Please tick (✓)

(fee will cover the cost of training materials, meals & certificate. 6% GST included)

Participants (Researcher/Scientist/Student)

RM2,500.00

Vegetarian?

Yes

☐

No

☐

FORM OF PAYMENT. Please tick (✓)

A copy of proof of payment **MUST BE PRESENTED** together with the registration form to indicate that payment has been made. An official UMS receipt will be issued to participant.

I hereby enclosed a bank draft/cheque (No. _____) of RM _____ made payable to "Bendahari UMS"

Local Purchased Order (No. _____)

Account : Bendahari UMS

Account no. : 510013024241

Bank : Malayan Banking Berhad (Maybank)

Bank transfer: 510013024241 (Maybank)

Date:

Signature:

Return this form and proof of payment to:

Mailin Misson

Secretariat

Bacterial Whole Genome Sequencing Workshop

Biotechnology Research Institute

Tel: 088-320000; ext. 8534, Fax: 088-320993

E-mail: mailin@ums.edu.my

Refund policy: no refund will be made for no shows.