

Registration Condition

- ✎ Any cancellation and request of refund must be in writing / fax and must be received by the Institute before **1 April 2010**.
- ✎ Request for refund carries a RM 100.00 administrative charge.
- ✎ Cancellation after **1 April 2010** will not be eligible for any refund. However, substitute participant(s) is/are always welcome.
- ✎ If, for any reason, the programme is cancelled, the Institute will refund the registration fee. However, the institute will not be responsible for any travel, hotel accommodation or other costs incurred.
- ✎ **The institute practises a non-credit policy. As such, all companies and individuals are required to make payment (cash / money order / credit card) 1 week before commencement of the convention. We regret to inform that we do not accept personal cheques.**

I know about this convention through :

- Brochure Mail Email
- Referral from Association/Sponsor/Speakers/Branch Contact

Conference Venue & Accommodation Information

Le Meridien Kuala Lumpur
2 Jalan Stesen Sentral, Kuala Lumpur Sentral, Kuala Lumpur
50470, Malaysia · Phone: 60 3 2263 7888 · Fax: 60 3 2263 7222

TEL : +60 3 - 2263 7888 FAX : +60 3 - 2263 7222

Deluxe Room (Single) - RM380++ per night with breakfast
Deluxe Room (Double) - RM435++ per night with breakfast

- ✎ Hotel bills are to be settled directly by participants.
- ✎ Participants are requested to make their own hotel reservation.

Enquiries**Conference Department****The Malaysian Insurance Institute**

No. 5, Jalan Sri Semantan Satu, Damansara Heights
 50490 Kuala Lumpur, Malaysia

Tel No: +603-2087 8882 Fax No: +603-2093 9282 or +603-2093 9794

Azizi Rashidi (ext. 360: azizi@mii.org.my)

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REGISTRATION FORM

International Claims Convention 2010
"Today's Risks, Tomorrow's Claims"
 19 - 20 April 2010 • Le Meridien Kuala Lumpur

- Yes! Please register the following delegate(s) for this Convention
- I am unable to attend but please put me on your mailing list
- I am interested in Sponsorship/Exhibition Opportunities

A. Company / Organisation Details

Name of Company / Organisation :

Address :

..... Name of Contact Person : Mr / Ms

Tel : Fax : Email :

B. Participant Details (Note : If the space provided is inadequate, you may attach details of your additional participants in a separate list)

1. Mr / Ms NRIC No / Passport No :
- Email : Including Dinner Excluding Dinner
- Designation : Vegetarian Spouse / Partner
2. Mr / Ms NRIC No / Passport No :
- Email : Including Dinner Excluding Dinner
- Designation : Vegetarian Spouse / Partner
3. Mr / Ms NRIC No / Passport No :
- Email : Including Dinner Excluding Dinner
- Designation : Vegetarian Spouse / Partner

C. Payment Details (Please tick (✓) the appropriate box)**Crossed Cheque / Bank Draft**

Enclosed is a

- CROSSED CHEQUE
- BANK DRAFT

No.: _____

For RM _____

made payable to
"The Malaysian Insurance Institute"

Credit Card

Please charge the total amount of

RM / USD _____ to my credit card below :

Visa MasterCard

Expiry Date (MM/YY) : _____

Card No : _____

Signature : _____

Transaction Code : CUO22CCAA100419

Telegraphic Transfer

- RM : Account No. : 2-64160-00004670**
- USD : Account No. : 6-14165-00000321**
- Swift Code : RHBBMYKL**

Bank Address :

RHB Bank Berhad, Unit No 50-G-02, Wisma UOA
 50, Jalan Dungun, Damansara Heights
 50490 Kuala Lumpur, Malaysia

** Please include bank charges when making payment (if any)*