

Registration Form

Name : _____

I/C No. : _____ Designation: _____

Company Address: _____

Phone: _____ (H/P) _____ (Office)

Fax: _____ Email _____

I am a [Please tick ✓]:

MIHA Member Non-MIHA Member Overseas Participant

Training : _____

Method of Payment :

Cash

Cheque; Made payable to **MIHA** (Cheque No.)

Please invoice my company, attention to:

Credit Card

Signature: _____ Date: ____/____/ 2018

Please Note:

Enrollment is limited to the first 20 people and thereby advanced registration is required and accepted in the order received.

Cancellation must be in writing. Refunds, less a cancellation fee of **50% original fees** will be issued up to **ten (10) business days prior to the start of the course**; all cancellations received thereafter are nonrefundable. **Full course fee will be charged to no-show cases.**

Please submit your registration form and payment via:

E-mail : liyana.miha@gmail.com

Or mail to:

Malaysian Industrial Hygiene Association (MIHA)

No. 19A, 1st Floor, Jalan 2/14

Bandar Baru Selayang, 68100 Batu Caves, Selangor

Phone : 03-6135 2990 Mobile : 019-331 2173 Fax : 603-6136 2990