



N.K.LUCK SDN. BHD.

91A, Jalan Pudu Lama, 50200 Kuala Lumpur Tel: 03-2070 5622

REGISTRATION FORM

Course: Myofunctional Orthodontics - 2 Days Seminar & Workshop
Date & Time: 2nd & 3rd September 2018 (8.00am-5.00pm)

☐ Government

☐ University

☐ Private Clinic

Clinic Name: _____

Telephone No. : _____

Address: _____

Email: _____

PIC: _____

Signature: _____ Date: _____

I/We would like to register the following participants **(name to be printed on certificate):*

Name: _____

Name: _____

Designation: _____

Designation: _____

H/P: _____ E-mail: _____

H/P: _____ E-mail: _____

Diet Requirement: ☐ Normal ☐ Vegetarian

Diet Requirement: ☐ Normal ☐ Vegetarian

Name: _____

Name: _____

Designation: _____

Designation: _____

H/P: _____ E-mail: _____

H/P: _____ E-mail: _____

Diet Requirement: ☐ Normal ☐ Vegetarian

Diet Requirement: ☐ Normal ☐ Vegetarian

Name: _____

Name: _____

Designation: _____

Designation: _____

H/P: _____ E-mail: _____

H/P: _____ E-mail: _____

Diet Requirement: ☐ Normal ☐ Vegetarian

Diet Requirement: ☐ Normal ☐ Vegetarian

Course Fee (Lecture + Workshop)

RM2,300 per pax (Fee includes 2 tea breaks & 1 lunch daily)

Note: Payment must be made in full and are non-refundable



~~RM2300~~
OFFER RM2,000

Register & Full payment
received before
31/07/2018

For enquiry, please contact us:

Call / whatsapp: 016-216 3007

Email: sales.enq@nkluck.com.my

Fax: 03-2072 3006

Please make payment to our bank account below & email/whatsapp/fax to us bank-in slip:

Maybank - 5140 1145 2319 - N. K. Luck Sdn. Bhd.

Cheque payable to "N. K. Luck Sdn. Bhd. "

Send completed Registration Form & payment to us by mail/email/fax.