**NATIONAL FORENSIC SCIENCE SYMPOSIUM (NFSS 2017)**

**REGISTRATION FORM**

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| --- | --- |
| NAME:  |  |
| TITLE/DESIGNATION:  |  |
| ORGANISATION/ INSTITUTION: |  |
| ADDRESS: |  |
| EMAIL:  |  |
| PHONE NO (MOBILE):  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PARTICIPANT: |  |  | FSSM MEMBERS: | RM 150\* |  |
| ORAL: |  |  | NON MEMBERS: | RM 250 |  |
| POSTER: |  |  |  |  |  |

|  |  |
| --- | --- |
| TITLE OF PRESENTATION: |  |

|  |  |
| --- | --- |
| PAYMENT:  | RM |
| MODE: | CASH |  |
| CHEQUE NO. |  |
| \*\* CIMB A/C NO :  | 1248-0009263-05-1 **Note: Bank in receipt must be attached**  |

Note: Photocopies of form are acceptable.

Closing date for Registration: Thursday, 20 April 2017 and send to Organising Committee NFSS 2017 by email: **fssmalaysia@gmail.com** or fax to: **03-7958 1173.**

 \* FSSM membership number. Please attached the payment slip.