

REGISTRATION FORM



Seminar Title :

Seminar Date :

Course Code :

PARTICIPANT DETAILS:

1) Full Name as per IC (Dato'/Datin/Dr/Mr/Mrs/Ms)*:

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Vegetarian

Designation*:

MAICSA No.:

Email* :

I hereby consent to the processing of my personal data for the purposes described in the Personal Data Protection Notice below.

_____ (Participant Signature)

2) Full Name as per IC (Dato'/Datin/Dr/Mr/Mrs/Ms)*:

☐

Vegetarian

Designation*:

MAICSA No.:

Email* :

I hereby consent to the processing of my personal data for the purposes described in the Personal Data Protection Notice below.

_____ (Participant Signature)

3) Full Name as per IC (Dato'/Datin/Dr/Mr/Mrs/Ms)*:

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Vegetarian

Designation*:

MAICSA No.:

Email* :

I hereby consent to the processing of my personal data for the purposes described in the Personal Data Protection Notice below.

_____ (Participant Signature)

ORGANISATION INFORMATION

Company/Individual Name*:

Address*: (as per invoice)

Tel*:

Fax*:

Contact Person*:

Email*:

I hereby consent to the processing of my personal data for the purposes described in the Personal Data Protection Notice below.

_____ (Contact Person Signature)

Invoice to be issued under*: ☐ Company ☐ Individual (Please tick one)

Note: The INVOICE will be issued under individual (participant) name if the payment is made from personal account i.e via credit card/online payment/ direct bank-in / cash deposit/cash, unless otherwise advised.

*** compulsory to complete**

Please tick one of the following: ☐ HRDF Registered Employer ☐ Non-HRDF Registered Employer ☐ Request Invoice

For seminars in KL and other regions, please email the form and payment advice to training@maicsa.org.my

For seminars in Penang, please email the form and payment advice to northern@maicsa.org.my

PAYMENT DETAILS

Payment by cheque - made payable to **MAICSA**

Bank & Cheque No.:

Amount RM:

Payment by Credit Card/Debit Card

Cardholder's Name:

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Visa

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Master

Bank:

Card No.:

Expiry Date:

I authorise payment of RM:

for

(Name of participant) for the seminar

Cardholder's Signature:

Date:

Direct transfer/ Online Payment/ Cash deposit

RHB Account No: 2-64-094-0000-4232 Swift Code: RHBBMYKL

Please forward the bank-in slip/ payment advice to training@maicsa.org.my or fax to 03-2283 4492 for our verification and record.

Note: Bank charges for telegraphic transfer will be borne by the client.

Personal Data Protection Notice

Your personal data information collected in this form is processed, retained and used by MAICSA in accordance with the Personal Data Protection Act 2010. Your personal data information may be used for all purposes in relation to the processing of your registration for conference organized by MAICSA and to meet statutory obligation but not limited to marketing and promoting other seminars that are offered from time to time. MAICSA may also retain and continue to process your personal data for all intents and purposes unless you request in writing to withdraw your consent to receive any form of communication from MAICSA.

We would like to send you information on future training events organised by MAICSA via email or fax. If you do not agree to being contacted in this way, please tick "X" in the box

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- not applicable to MAICSA members, students and affiliates.