PRE-CONFERENCE SEMINAR Enquiries and Registration:

Please contact Meera/Zaki at tel: 603-22799360/250 OR email: miaconference@mia.org.my







Venue: Room 410, Level 4, Ten-On-Call,

Kuala Lumpur Convention Centre

Date: Monday, 3 November 2014

Time : 9.00am - 5.00pm

Programme Fees:

MIA Conference 2014 Delegate RM450
MIA Member RM650
Non-MIA Member RM900

PARTICIPANT	T'S DETAILS	
Participant 1	Full Name as per I/C or Passport. Please indicate title: Tan Sri/Dato'/Datin/Dr/Mr/Mrs/Ms MIA MEMBERSHIP NO. :	
DESIGNATION :		PROFESSIONAL BODIES :
H/P :	EMAIL :	U VEGETARIAN
Participant 2 NAME :	Full Name as per I/C or Passport. Please indicate title: Tar	n Sri/Dato'/Datin/Dr/Mr/Mrs/Ms MIA MEMBERSHIP NO. :
DESIGNATION :		PROFESSIONAL BODIES :
H/P :	EMAIL :	☐ VEGETARIAN
ORGANISATIO	ON'S DETAILS & APPROVAL	PAYMENT BY CHEQUE
ORGANISATION:		BANK:
INDUSTRY:		CHECKE NO .
ADDRESS:		CHEQUE NO : Make "MALAYSIAN INSTITUTE OF ACCOUNTANTS".
		Please write "MIA Conference 2014 – Pre-Conference Workshop" and your full name and mobile number at the back of the cheque.
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CONTACT PERSON	l:	CARD ISSUER: VISA MASTER
H/P :		CVC: EXPIRY DATE:// CARD NO.:
TEL:		CAND NO. :
FAX :		I hereby authorise MIA to debit my credit card for the total amount of RM
EMAIL :		
		SIGNATURE (AS PER CARD'S SIGNATURE)
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