Developing a Protocol for a Cochrane Systematic Review Workshop

6 May – 9 May 2025

RCSI & UCD MALAYSIA CAMPUS

Registration Form

Participant Details

Full name (Prof/Dr/Mr/Mrs/Ms):				
I/C Number:		**MMC No:**		
Name to be printed on certificate:				
Institution:				
Contact Number: **Office/Mobile (please indicate)**		**Email address:**		
Dietary requirements: **(Please tick as appropriate)**		**Normal**		**Vegetarian**

Registration Fee: (Please tick where appropriate)

Workshops 1 and 2 - RM 1000.00	**Workshop 1 only - RM 800.00**	**Workshop 2 only - RM 300.00**

Please complete the Registration Form and email it to Ms Nila Pillai (nila@rcsiucd.edu.my) by 31 May 2025.

Payment Mode:

☐ **Cheque** ☐ **Direct deposit/bank transfer** ☐ **ePerolehan**

Notes:
All cheques/direct deposit/bank transfer/ePerolehan to be made payable to :-
Beneficiary Name: PENANG MEDICAL COLLEGE SDN. BHD.
Bank Name: UNITED OVERSEAS BANK (M) BHD.
Virtual Account No.: 105429100010
Swift Code: UOVBMYKL
Branch Name: UOBM Jalan Kelawei
Branch Address: 9, Jalan Kelawei, 10250 Pulau Pinang, Malaysia.
Please include the reference: CochraneMay25

If payment mode via ePerolelan, you **must** email completed registration form to Ms Nila within 48 hours of initiating ePerolehan.

Contact: Ms Nila Pillai :Tel: +604 217 1999 ext 1842, email : nila@rcsiucd.edu.my