

# GOOD CLINICAL PRACTICE WORKSHOP for CLINICAL RESEARCH SUPPORT TEAM

**DATE:**

**End of APRIL OR Early of MAY 2018**

(2 & ½ DAYS)

**VENUE:**

**KUALA LUMPUR**

(Hotel to be confirmed)

Organized by:



[www.questra.com.my](http://www.questra.com.my)

## REGISTRATION FORM

NAME : .....  
(Please print name as per IC or Passport)

IC NO/ : .....

PASSPORT NO. (for certificate issuance)

DESIGNATION : .....

DEPARTMENT : .....

INSTITUTION : .....

CONTACT

ADDRESS : .....

TEL : .....(office)

.....(mobile)

FAX : .....

EMAIL : .....

VEGE

NON-VEGE

Please send/ email/ fax registration form with your cheque/  
bank draft/ copy of T.T slip

### Cancellation Policy and Payment Term

1. The number of participation is limited, thus Questra has the right not to accept any application of participation as it is on first come first serve basis.
2. The fees must be paid in full upon submitting the form, in order to secure the registration of the participation.
3. The payment mode is either direct bank in to Questra's account or through company / organisation's cheque, made payable to **Questra Clinical Research Sdn Bhd**. No personal cheque is accepted.
4. Bank charges (if any) are to be deducted from participating organisations own accounts.
5. All payment must be made in Ringgit Malaysia.
6. No refund will be made available for cancellation notifications received less than ten (10) business days before the event. Otherwise, only 50% of the fees will be refund.
7. In the event of any unforeseen cancellation of the registered participants, substitution of participants is allowed and must be notified to Questra not less than seven (7) business days before the event.
8. Questra Clinical Research Sdn Bhd reserves the right to alter the program without prior notice including the substitution or cancellation of speakers and / or topics.

### REGISTRATION FEE

(inclusive 6% GST charge)

**Private Sector : RM 1,010.00**

**Public/ Student : RM 955.00**

(Inclusive of Seminar package & Seminar materials)

Account Name : **QUESTRA CLINICAL RESEARCH SDN BHD**

Bank Account : **CIMB Islamic Bank Berhad**

Acc. No : **86-0211956-8**

**REGISTER  
NOW!**

### CONTACT DETAIL:

**Ms. Saras/ Ms. Jen**

Tel: +604-390 0653

Fax: +604-390 5988

Email: [event@questra.com.my](mailto:event@questra.com.my)

*"This workshop has been certified and recognized by National Committee for Clinical Research (NCCR) since 2013."*