

REGISTRATION FORM

Golf Convenor
College of Surgeons of Malaysia
19 Jalan Folly Barat
50480 Kuala Lumpur
Fax: 03-20930900

Dear Prof Dato' Lian

**COLLEGE OF SURGEONS ANNUAL GOLF TOURNAMENT 2008
SUTERA HARBOUR GOLF RESORT, KOTA KINABALU, SABAH
FRIDAY, 21ST MARCH 2008**

I wish to participate in the above Golf Competition.

Name _____

Handicap _____ Home Club _____

Address _____

Tel: _____ (Office) _____ (Home)

Fax: _____ Mobile Phone: _____

Email: _____

Registration Fee: **RM 200.00** (Including buggy, green fees and prizes)

Payment to be issued in favour of "**Asian Association of Endocrine Surgeons**"

Cheque No: _____ Amount _____

Date: _____ Signature: _____

**PLEASE COMPLETE THIS FORM AND RETURN IT WITH YOUR REGISTRATION FEE
BEFORE 29TH FEBRUARY 2008.**