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REGISTRATION FORM

To: **Education Department**

CARE LEARNING PROGRAMME

Please your preferred session (One session only)

Venue	Date	Time
Malaysian Institute of Accountants No. 2 Jalan Tun Sambanthan 3 Brickfields, 50470 Kuala Lumpur	16 Apr 2016 (Sat)	9.30 am – 11.30 am
Note: To register, we require you to submit completed registration form via email / fax		

- There will be no charges to attend this programme
- Members will be entitled to 2 CPE credit hours and complimentary gifts from MIA

Full Name (as per I/C): _____ MIA M/ship No: _____
Designation: _____ Organisation: _____
Tel: _____ Mobile: _____
Fax: _____ Email: _____

DISCLAIMER

MIA reserves the right to change the date(s), venue(s) and to cancel the programme should circumstances beyond its control arises. MIA also reserves the right to make alternative arrangements without prior notice should it be necessary to do so.