

THEME:

Bridging the Gap: Integrating Research & Practice



WHO SHOULD ATTEND?

- · Doctors
- · Clinician Scientists
- · Academicians
- Pharmacists
- · Allied Health Science
- · Researchers
- · Nurses

- · Public Health Professionals
- · Undergraduate & Postgraduate Students
- · Health Policy Makers



IMPORTANT DATES:



Abstract Submission Deadline



Notification of Acceptance (Presenters)



Participants Registration Deadline

ORGANISERS:









REGISTRATION FEES:

CATEGORIES	FEES
Paramedic	RM 150
Professional Group	RM 240
Specialist	RM 300
Non-Ministry of Health Staff	RM 350

Please send a copy of proof of payment to ecrd.crc19@gmail.com to confirm your payment. Registration form can be obtained from the organizing committee.

PRESENTATION FORMATS:

The organizing committee of the ECRD'19 invites you to submit only abstract for oral/poster presentation. Each presenter will be allowed to submit only one research paper, but he/she could be a co-authour on more than one abstract.







DELEGATE REGISTRATION FORM ☐ Dr. ☐ Mr. ☐ Ms. ☐ Others, specify: _____ Title: Full Name: Name on badge: Organisation / Department: Mailing Address: Phone Number (HP): _____ Email: **REGISTRATION FEES** SPECIALIST - RM 300 **NON MOH - RM 350** DOCTORS/PROFESSIONAL/ALLIED PARAMEDIC - RM 150 HEALTH - RM 240 You may pay by cash during registration on the first day or: Bank transfer / Cheque / Cash deposit payable to: **Bank Account: PGMES HSNZ** ACC Number: 563019023310 **Bank: Maybank Islamic Berhad** Please quote " ECRD 2019 " Please submit completed registration form with proof/method of payment to: **EAST COAST RESEARCH DAY 2019 Secretariat Clinical Research Centre** Hospital Sultanah Nur Zahirah, Kuala Terengganu 09-6212121 ext 2167 email: ecrd.crc19@gmail.com

Signature: Date: