

**INTERNATIONAL FEDERATION FOR STERILE SUPPLY  
FIRST INTERNATIONAL CONFERENCE 25-29 MARCH 2001  
Sunway Lagoon Hotel, Petaling Jaya, Malaysia**

**CONFERENCE REGISTRATION FORM**  
(revised December 2000)

(Please print clearly)

FULL NAME OF DELEGATE: .....

MAILING ADDRESS: .....

.....

.....

COUNTRY: ..... ZIP/POST CODE:.....

Email: ..... Fax: .....

MEMBER ORGANISATION: .....

(must be stated to qualify for member discounts)

PLEASE TICK (✓) OPTION REQUIRED:

**CONFERENCE FEES:**

- |    |            |      |                          |
|----|------------|------|--------------------------|
| a) | Members    | £350 | <input type="checkbox"/> |
| b) | Non-member | £400 | <input type="checkbox"/> |

**SPOUSE/PARTNERS PROGRAMME:**

- |    |             |      |                          |
|----|-------------|------|--------------------------|
| a) | Booking fee | £135 | <input type="checkbox"/> |
|----|-------------|------|--------------------------|

\*\*I enclose cheque/bank draft for the following amount: £ \_\_\_\_\_  
(cheques or bank drafts must be in sterling and drawn on UK bank account)

\*\* I confirm telex transfer of payment into IFIS account

Bank reference number for recognition of payment: .....

Details of bank making transfer of funds: .....

Signature: ..... Date: .....

**NOTES:**

- A) Cancellation policy: , 50% refund available until 1 January 2001, thereafter no refund available  
B) Direct telex transfer may be made to **IFIS account number 20338202, Royal Bank of Scotland plc, St Mary Axe Branch, 54 Lime Street, London EC3 7BS, Bank Code 16-10-29**

**If simultaneous interpretation is required, please indicate language to be provided:**

- |                                   |                                     |                                     |                                   |                                 |
|-----------------------------------|-------------------------------------|-------------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> French   | <input type="checkbox"/> German     | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Spanish    | <input type="checkbox"/> Thai     |                                 |

Provision of simultaneous interpretation will only be provided for 20+ persons and booking must be made before **1 October 2000.**

**PLEASE SEND OR FAX COMPLETED REGISTERED FORM TO:**  
Gillian A Sills, 7 Kendal Drive, Beeston, Nottingham NG9 3AW, United Kingdom (Fax: +44 (0)115 925 6364)