

**RASG JULY PUBLIC FORUM 2025 Registration Form**

**Hosted by Rheumatoid Arthritis Support Group, Arthritis Foundation Malaysia (RASG)**

**Participant Information**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I.C. No.(new) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How Did You Hear About This Workshop?**

☐ Social Media

☐ Email

☐ Friend/Family

☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are You a member of Arthritis Foundation Malaysia?**

☐ Yes ☐ No AFM Membership No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are You a Patient** : ☐ Yes ☐ No Please indicate : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration Fee & Payment Information :

**Registration Fee: RM 10.00 per person (includes light refreshments)**

Payment Method: ☐ Bank Transfer

**Bank Transfer Details:**

**Account Name: Arthritis Foundation Malaysia**

**Bank Name: MAYBANK**

**Account Number: 5140 1114 4237**

**Reference: RASG JULY PUBLIC FORUM 2025**

**Note : The Registration fee is non-refundable in the event of cancellation.**

Please email proof of payment to info@afm.org.my

**Closing Date for Registration: 18 July 2025**

**Agreement & Signature**

By signing below, I confirm that I have read and understood the terms and acknowledge that my registration will only be confirmed upon receipt of payment. I also understand that the registration fee is non-refundable in the event of cancellation.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information :**

For any inquiries, please contact Ms Annie Hay at:

Phone: 603-79606177 / 011-2673 8381 (WA Message Only)

Email: info@afm.org.my

Thank You for Registering! We look forward to seeing you at the Public Forum.

Date: 16 June 2025