

20-21 May 2023 | Saturday-Sunday











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Malaysia Registration

International Registration

the virtual **ANAESTHESIA PATIENT SAFETY SYMPOSIUM** 'Advancing Anaesthesia Patient Safety Together' 20-21 May 2023 | Saturday-Sunday



Click on Malaysia or **International Registration** then select **Individual** Registration

Individual Registration

Group Registration



the virtual

ANAESTHESIA PATIENT SAFETY SYMPOSIUM

'Advancing Anaesthesia Patient Safety Together'

20-21 May 2023 | Saturday-Sunday

20-21 May 2020 | Ou

Delegate Info

Salutation* Prof First/Other Name* Joyce Surname/Family Name* Gao T12345678 NRIC* Job Title* Surgeon Malaysia Best Hospitsal Organization^a Doctor Profession* Address* xxx67899 street Country* MALAYSIA Mobile³ 60 12345678 Email* joycegao@hotmail.com Email Confirmation joycegao@hotmail.com Alternate Email* joycegao@hotmail.com

Terms and Conditions

By signing up to attend this event you agree to our privacy policy. By continuing, you agree that Kenes MP Asia may contact you with updates about our related products and services including those of our carefully selected partners. Your details may be shared with our Sponsors and Exhibitors who may contact you about relevant products and services.

You can opt out of receiving these messages from Kenes MP Asia at any time by contacting us at registration@apss2023.com.

Kenes MP Asia (and any third party platform provider acting on our behalf) will use your personal information provided during the registration process to host and manage this digital event, and for analyzing visitor traffic with a view to improving the event experience for visitors.

During registration, you may have chosen to withhold permission to share your data with third parties (i.e. sponsors & exhibitors), however when entering a virtual exhibition booth, downloading sponsor content, or attending a sponsor session, your personal information will be shared with the exhibitor or sponsor to allow them to engage with you. If you accept a connection or meeting invite, then your full contact details will be shared directly with another attendee, sponsor or exhibitor and they may follow-up and use your details for marketing purposes.

Acknowledgement

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Congress Registration

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Complete all the required **Delegate Info**



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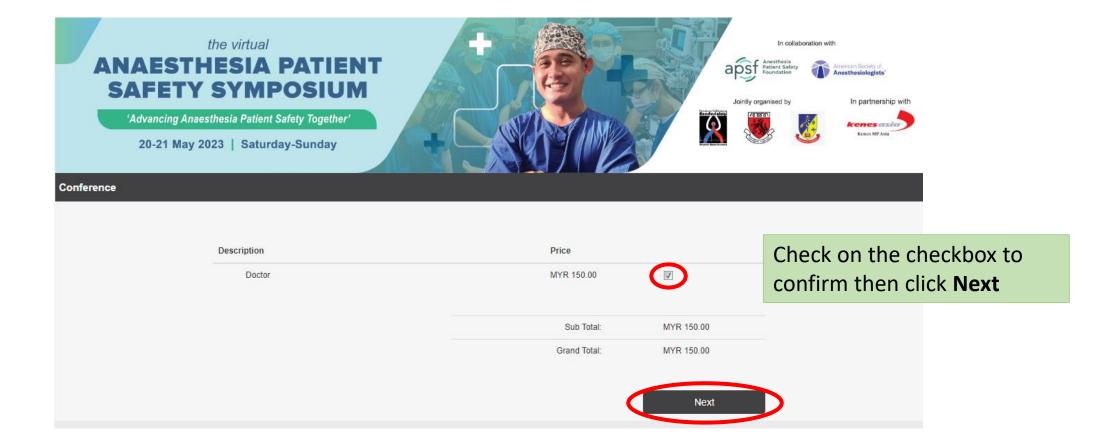






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Confirmation

Please check that your personal information is correct before completing your submission.

Your Registration Details

Registration ID 43010226 Salutation Surname/Family Name NRIC T12345678 Job Title Surgeon Profession Organization Malaysia Best Hospital Address xxxx 123 street +65 12345678 Mobile

Conference

Email

Total	Qty	Price	Description
MYR 150.00	1	MYR 150.00	Doctor
MYR 150.00	Sub Total:		
MYR 7.50	(Admin Fee):	5.00%	
MYR 157.50	Grand Total:		

joyce.gao@mpinetwork.com

Mode of Payment

Credit Card

Check through the **Registration** Details and the subtotal. Then click **Submit** to proceed with payment.



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Group Co-ordinator							
Salutation*	Dr			~			
First/Other Name*	Joycie						
Surname/ Family Name*	Gao						
Job Title*	Surgeon						
Organization*	Malaysia Best H	Malaysia Best Hospital					
Billing Contact Person*	Joycie xxx456 street			requi	Compl	omplete all the quired Group Coordinator	
Address*					requir		
Country*	MALAYSIA 🔻		details				
Phone Number*	60	Area Code	601231234			actano	
Mobile*	60	1235678					
Email*	joycie@mp.com						
Email Confirmation®	joycie@mp.com						
For group representatives who wish to attend the co	nference as a delegate	e, please register you	ır information as a dele	gate on the next page.			
		N	lext				



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Click Add New Member to proceed to the next step

Complete the required information of Group Member

Mambar				
up Member				
Salutation*	Prof			
First/Other Name*	Test 1			
Surname/ Family Name*	Test			
NRIC*	T123567890			
Job Title*	Cardiologist			
Organization*	SGH			
Profession*	Doctor			
Address*	Joycie			
Country*	MALAYSIA 🗸			
Mobile*	60 601231234			
Email*	joycie@mp.com			
Email Confirmation*	joycie@mp.com			
Alternate Email*	joycie@mp.com			
including those of our carefully selected partners. Your de	eacy policy. By continuing, you agree that Kenes MP Asia may contact you with updates al etails may be shared with our Sponsors and Exhibitors who may contact you about relevant s MP Asia at any time by contacting us at registration@apss2023.com.			
	Kenes MP Asia (and any third party platform provider acting on our behalf) will use your personal information provided during the registration process to host and manage this digital event, and for analyzing visitor traffic with a view to improving the event experience for visitors.			
downloading sponsor content, or attending a sponsor se	During registration, you may have chosen to withhold permission to share your data with third parties (i.e. sponsors & exhibitors), however when entering a virtual exhibition booth, downloading sponsor content, or attending a sponsor session, your personal information will be shared with the exhibitor or sponsor to allow them to engage with you. If you accept a connection or meeting invite, then your full contact details will be shared directly with another attendee, sponsor or exhibitor and they may follow-up and use your details for marketing purposes.			
Acknowledgement ☑ I agree to the above Terms and Conditions				

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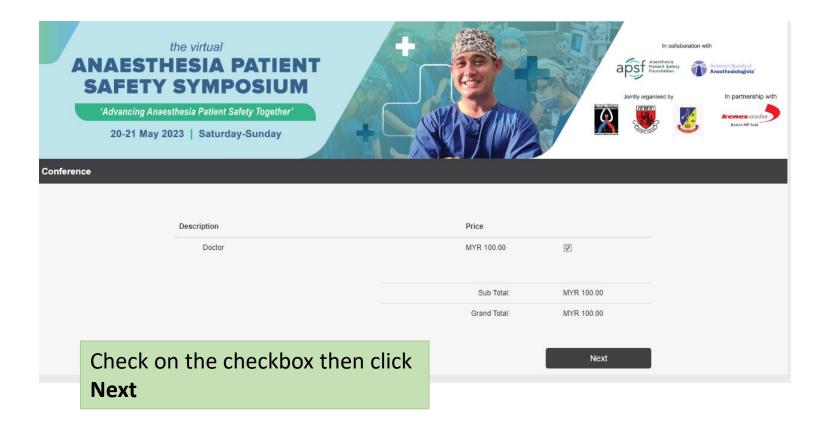












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Group Member(s) Submit First/Other Surname/ **Family Name** NRIC Job Title Profession Organization Email Edit Salutation Address Country Prof Test 1 Test T123567890 Cardiologist SGH Joycie MALAYSIA +60 joycie@mp.com **©**Edit 601231234 **Delete** Prof Test 2 Test 12345678 SGH MALAYSIA +60 Doctor xxxx 6898 jpyce@mp.com **©**Edit street 234567890 m Delete A/Prof Joyce TEST 3 TEST 3 Malaysia Best +60 12345678 Surgeon Doctor xxxx9888 MALAYSIA joyce@yahoo.com **©**Edit Hospital 212345678 street m Delete A/Prof test 4 12345678 Malaysia Best xxxxx 6777 MALAYSIA +60 joyce gao Surgeon Doctor joycegao@hotmail.com **©**Edit Hospital street 123456789

After adding all 4-group member, the **Submit** button will appear. Click on the **Submit** button to proceed to the summary page

Delete



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Registration ID

-	
Salutation	A/Prof
First/Other Name	Joyce TEST 3
Surname/ Family Name	TEST 3
NRIC	12345678
Job Title	Surgeon
Profession	Doctor
Organization	Malaysia Best Hospital
Address	xxxx9888 street
Country	MALAYSIA
Mobile	+60 212345678
Fil	

43010229

Registration ID	43010230
Salutation	A/Prof
First/Other Name	joyce gao
Surname/ Family Name	test 4
NRIC	12345678
Job Title	Surgeon
Profession	Doctor
Organization	Malaysia Best Hospital
Address	00000 6777 street
Country	MALAYSIA
Mobile	+60 123456789
Email	joycegao@hotmail.com

Your Registration Details

Please check that your personal information is correct before completing your submission.

Group Co-ordinator Information

Surname/ Family Name Job Title

	Delegate 1	
F	Registration ID	43010227
	Salutation	Prof
F	irst/Other Name	Test 1
	Surname/ Family Name	Test
	4RIC	T123567890
4	lob Title	Cardiologist
F	Profession	Doctor
0	Organization	SGH
-	Address	Joycie
(Country	MALAYSIA
	Mobile	+60 601231234
E	Email	joycle@mp.com
	Delegate 2	
	Delegate 2 Registration ID	43010228
F		43010228 Prof
	Registration ID	
	Registration ID	Prof
:	Registration ID Salutation Eirs/Other Name	Prof Test 2
; ;	Registration ID Salutation First/Other Name Surname/ Family Name	Prof Test 2 Test
F	Registration ID Salutation 'Irist/Other Name Surname' Family Name	Prof Test 2 Test 12345678
; ;	Registration ID Salutation First/Other Name Surnamer Family Name (RRC	Prof Test 2 Test 12345678 Ia Ia
6 6 9 9	Registration ID Salutation Iriss/Other Name Surnamel Family Name KRIC Iob Title	Prof Test 2 Test 12345678 Ia Ia Dodor
	Registration ID Salutation First/Other Name Surname/ Family Name WRIC tob Title Profession	Prof Test 2 Test 12345678 Ia Ia Dodor
	Registration ID salutation Iris/Other Name Family Name WRR Cholitie Forbitie Forbrassion Organization dddress	Prof Test 2 Test 12345678 Ia Ia Doctor SGH XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Joycie xxx456 street MALAYSIA +60 601231234 +60 1235678 joycie@mp.com Edit

Conference

Description	Price	Qty	Total
Doctor	MYR 100.00	1	MYR 100.00
(Test 1 Test - 43010227)			
Doctor	MYR 100.00	1	MYR 100.00
(Test 2 Test - 43010228)			
Doctor	MYR 100.00	1	MYR 100.00
(Joyce TEST 3 TEST 3 - 43010229)			
Doctor	MYR 100.00	1	MYR 100.00
(joyce gao test 4 - 43010230)			
		Sub Total:	MYR 400.00
		Grand Total:	MYR 400.00

Mode of Payment

O Credit Card

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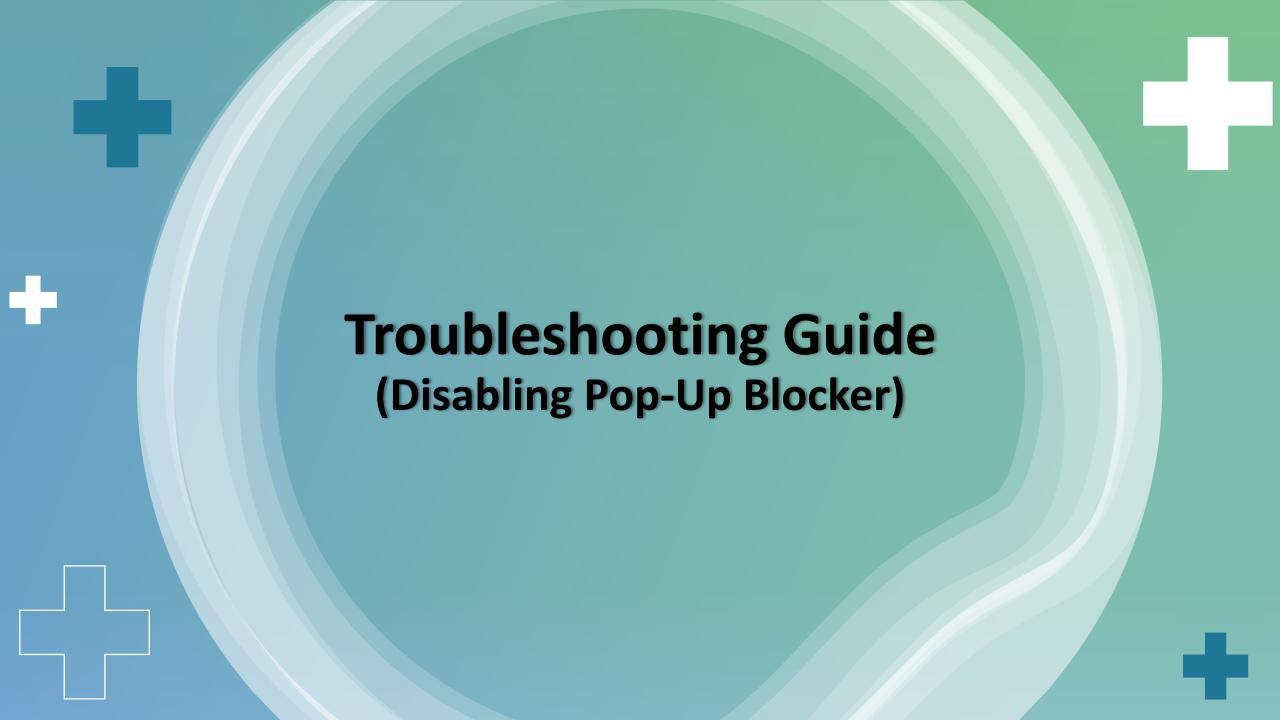
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Check all member's details then click **Next** to proceed with payment.





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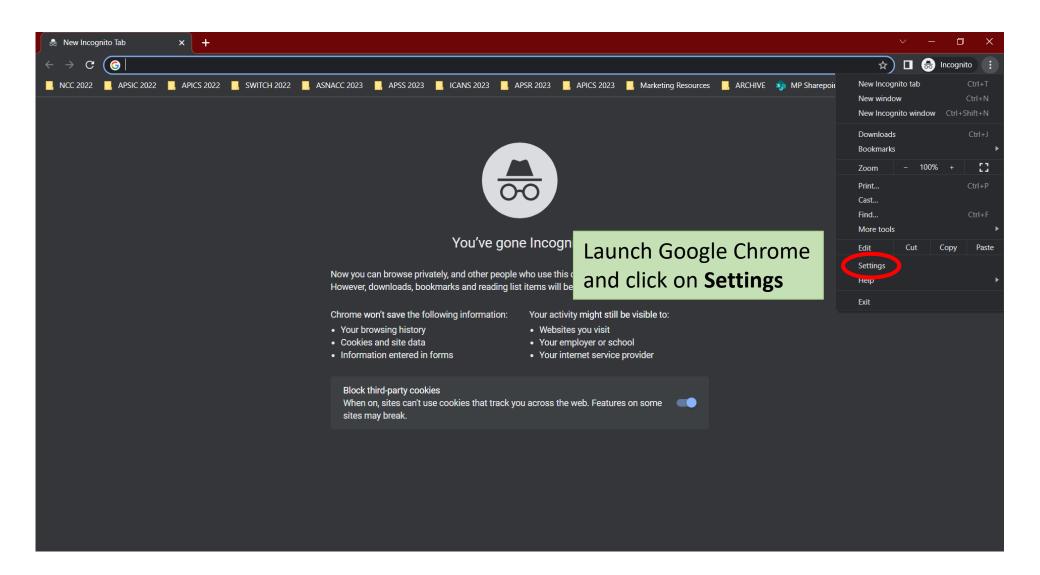














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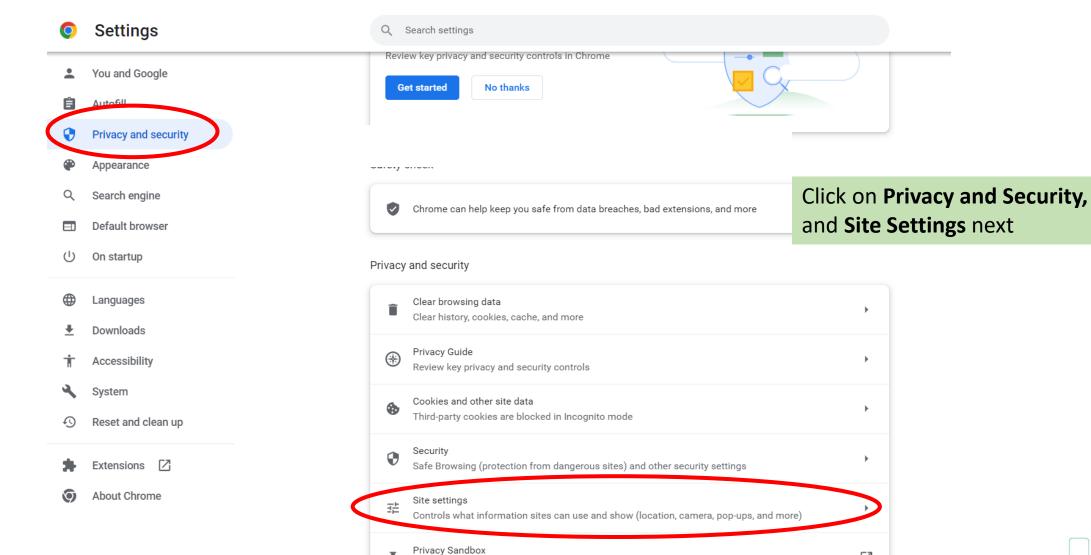




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Trial features are off



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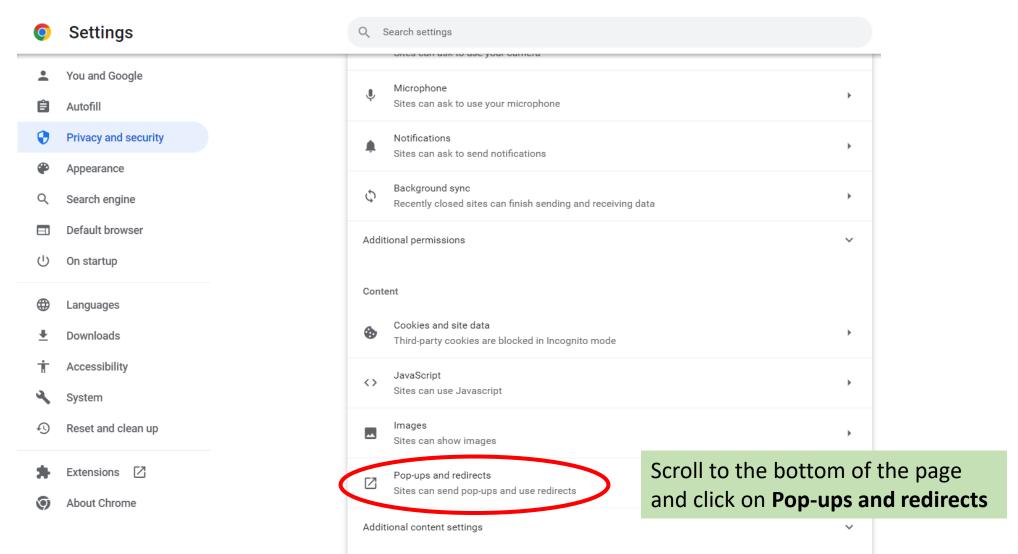












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Pop-ups and redirects

Q Search

Sites might send pop-ups to show ads, or use redirects to lead you to websites you may not want to visit

Default behavior

Sites automatically follow this setting when you visit them

Sites can send pop-ups and use redirects

Ensure that this checkbox is enabled

Don't allow sites to send pop-ups or use redirects