



LEGACIES OF FAITH - REGISTRATION FORM

Please Fax to TRAC @ 03-7954 2837 or email scanned attachment to wailing.ng@trac.org.my

For Online Registration: Go to www.trac.org.my

NAME:

EMAIL ADDRESS:

CONTACT NO.:

(H/P)

(H)

(O)

ADDRESS:

CHURCH/ORGANIZATION:

GENDER (Please tick): _____ (FEMALE)

_____ (MALE)

AGE GROUP (Please tick): _____ (17-29) _____ (30 - 39) _____ (40-49) _____ (50-59) _____ (60+)

CANCELLATION POLICY - Please note that there will be no refund upon cancellation or withdrawal. However, you may find a replacement and inform us.

MODE OF PAYMENT : I enclose CASH/CHEQUE (Bank/No.) _____ / _____ of amount RM _____ payable to **The Methodist Church in Malaysia**.

Please indicate: By Hand, By Mail or Via Direct-Bank-In (A/C Screen Name: *Area Exec. Council of Methodist Church in Malaysia* (HSBC A/C no. 302-029772-028). Fax us your bank-in slip @ 03-7954 2837 or email wailing.ng@trac.org.my

GROUP REGISTRATION (if applicable)

NO.	NAME	ORGANIZATION/CHURCH	EMAIL	H/P

Fees:

Early Bird (before April 15th) : RM60 per person or RM330 (Group of 6)

Normal (after April 15th) : RM70 per person or RM390 (Group of 6)

Please mail all Completed Registration to:

ICM Director (Ms Ng Wai Ling)
Institute for Christian Ministry (ICM)
Trinity Annual Conference (TRAC)
No. 2, Jalan 5/39, 46000 Petaling Jaya

FOR OFFICE USE ONLY

Form Received: _____

Cash/Cheque/Bank-In : RM _____

Date: _____

Remarks: _____

Enquiries: Tel: 03-7954 2836; Fax: 03-7954 2837

Email: wailing.ng@trac.org.my

Initial: _____