NATIONAL ECONOMIC OUTLOOK CONFERENCE 27 NOVEMBER 2025 | AUDITORIUM, MENARA AFFIN@TRX, KUALA LUMPUR



REGISTRATION FORM

COMPANY DET	AILS	HPDCorp Claimable Course Series No	.: 10001607558 149064U	
Company Name		HRDCorp. Claimable Course Series No		
Address		Contact MIER for REGIS		
		+603-2142-0091 +603-2142-589 Please complete this form and s		
Contact Number	(Compulsory)	admin@mier.org.my		
ATTENDEE DE	TAILS *All details are compulsory to be filled in	Payment by bank deposit / onling Berhad, Account No.: 01425330 in favour of MALAYSIAN INSTITUTE.	02135	
Name		III Idvoul of MALATSIAN INSTITE	TE OF ECONOMIC RESEARCH	
Job Title		Malaysia Institute of Economic Research (N		
Mobile	(Compulsory)	speakers or some aspects of the itinerary in the best interest of the conference. Confirmation of Registration Participants/Participating company will need to send us back the registration form wit their official company stamp along with the attached declaration form signed by eac		
Email				
Company to invoice:		of partcipant as confirmation of their acconditions.		
		No cancellation Once we have received the registration for	m with the company's stamp and seal th	
Name		organisers will allocate food, seating arran will still be charged whether or not yo	gements etc. for the delegates. Hence yo	
Job Title		cancellation is allowed but a replacement c	an be arranged at no extra charge.	
Mobile	(Compulsory)	Payments For registrants intending to take advantage of the discounted early bird price, pleas make full payment before the end of the early bird period. If payment are made AFTE		
Email		the early bird period, the price invoiced will that payments are made early to take advar	be changed to the full price. Kindly ensur	
Company to invoice:		All full payments must be made to the organ	isers before the actual event day. For thos	
Name		paying through bank transfers, please make and details, else the payment may no be ac		
Job Title		For any late payments, MIER Institute has calculated on a daily basis which will acc		
Mobile	(Compulsory)	cleared.		
Email		The confirmation e-mail will be issued 7 da In the event you do not receive the confirm		
Company to invoice:		REGISTRATION FEES (Confere	nce fee per participant)	
		Full HRDCorp Claimable / MyCOID no. :		
Name		☐ Direct payment		
Job Title		Conference Fee	DM FEO OO	
Mobile	(Compulsory)	Comerence ree	RM 550.00	
Email		* Please tick the relevant box ab	ove as appropriate.	
Company to invoice:		Company Stamp For Approval		
Name				
Job Title				
Mobile	(Computer)			
	(Compulsory)			
Email			(Campulas)	
Company to invoice:			(Compulsory)	

COMPANY KEY CONTACT PERSON

Email Tel

PAYMENT/ACCOUNT CONTACT PERSON IN CHARGE

Name	Job Title	
Email	Tel	