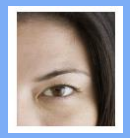
RISM_HQ/C-KEn/STSeries:0006

BACK TO BASICS ~ Eye Health Care Talk on:

- Presbyopia
- Computer vision syndrome
- Cataract
- Glaucoma
- Good eating habits / Lifestyle
- Exercises for healthy eyes



Eye ~ the window to your soul!

Ms. Shaleni Subramaniyam attained her First Class Bachelor Degree in Optometry from the Management and Science University. During her course of four years, she attended many community services helping the needy by providing comprehensive eye examination and eye health consultation. She completed her internship in Narayana Nethralaya Eye Hospital, Bangalore, India. Upon graduating, Ms. Shaleni was employed as a full time Optometrist at Top Vision Eye Specialist Centre till today.

Date: **11th November 2017, Saturday**

Time: **9.30 am - 10.30am**

Venue: **2nd Floor, RISM President's Lounge**

FREE EYE SCREENING

Certificate of Attendance will be presented after the talk, followed by a Light Refreshment.

ROYAL INSTITUTION OF SURVEYORS MALAYSIA
No. 64 & 66, 3rd Floor, Bangunan Juruukur, Jalan 52/4, 46200 Petaling Jaya, Selangor, Malaysia.
Tel: 603-7954 8358 / 7955 1773 / 7956 9728 | Fax: 603-7955 0253 | Website: www.rism.org.my

REGISTRATION

RISM_HQ/C-KEn/STSeries:0006

Registration Form to reach RISM Secretariat **on or before 8th November 2017 (Wednesday)**

No.	Category	Fee (inclusive of GST)	No. of Pax	Total Fee (RM)
1	Students	RM20.00		
2	RISM Members (Probationer Class and above)	RM35.00		
3	Non-RISM Members/Public	RM45.00		

Please register the following participants:

No.	Name	Designation
1		
2		
3		

Payment Details:

(Payment to reach RISM Secretariat **on or before 8th November 2017 (Wednesday)**
Account No.: Hong Leong Bank Berhad # 030 0000 3987

[ ] Cheque payable to '**ROYAL INSTITUTION OF SURVEYORS MALAYSIA**'
Cheque No.: _____ Amount: _____

[ ] Payment had been banked into the above-mentioned account via inter-bank Giro Transfer (*bank-in slip appended*)

[ ] Please charge my Credit Card: [ ] Visa [ ] Master Card

Name on Card: _____
Expiry Date: _____

Company/Organisation/Institution:

Address:

Tel No:	**Fax No:**
Contact Person :	
Email:	**Mobile No:**

Signature: _____ Date: _____

For further details, please contact:
Ms. Hanie at hanie@rism.org.my Tel: 603-7954 8358 / 755 1773 / 7956 9728 Fax: 603 -7955 0253