



SERIES 2 – QUALITATIVE ANALYSIS WITH ATLAS.ti 8 WINDOWS

DATE : 29 OCTOBER 2017
TIME : 09.00 AM – 05.00 PM
VENUE : MULTIPURPOSE ROOM, SQS BUILDING (DKG6), UUM
FASILITATOR : DR. ANI MUNIRAH MOHAMAD

PARTICIPANT'S INFORMATION											
Name:											
Department/Centre/Institution/ College:											
Designation (<i>Prof. Dr./Assoc. Prof. Dr./Dr./Mr./Mrs./Miss/ Others</i>):	Email: (<i>Please provide your ACTIVE email account</i>)	UUM Staff/ Student ID :									
Tel. No. (Office):	(Mobile):	(Fax):									
Training Fees <table><tr><td>☐</td><td>UUM Student</td><td>: RM100.00</td></tr><tr><td>☐</td><td>UUM Staff</td><td>: RM110.00</td></tr><tr><td>☐</td><td>Others</td><td>: RM130.00</td></tr></table>			☐	UUM Student	: RM100.00	☐	UUM Staff	: RM110.00	☐	Others	: RM130.00
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☐	UUM Staff	: RM110.00									
☐	Others	: RM130.00									
Add on (choose either package 1 or 2) – NOT COMPULSORY <table><tr><td>☐</td><td>Package 1 (RM50.00)</td><td>(Inclusive of food& drink, certificate and workshop kit)</td></tr><tr><td>☐</td><td>Package 2 (RM30.00)</td><td>(Inclusive of certificate and workshop kit only)</td></tr></table>			☐	Package 1 (RM50.00)	(Inclusive of food& drink, certificate and workshop kit)	☐	Package 2 (RM30.00)	(Inclusive of certificate and workshop kit only)			
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☐	Package 2 (RM30.00)	(Inclusive of certificate and workshop kit only)									
TOTAL PAYMENT: RM _____											
Payment Method <table><tr><td>☐</td><td>Cash at Bursary Counter (Payment to CeTMA Account No. : 300 4400 8208 sub 68)</td></tr><tr><td>☐</td><td>Cash/EFT: Bank Islam Malaysia Berhad (BIMB), UUM Account No. : 02 093 0100000 10</td></tr><tr><td>☐</td><td>Vote Transfer – ONLY for UUM Staff</td></tr></table>			☐	Cash at Bursary Counter (Payment to CeTMA Account No. : 300 4400 8208 sub 68)	☐	Cash/EFT: Bank Islam Malaysia Berhad (BIMB), UUM Account No. : 02 093 0100000 10	☐	Vote Transfer – ONLY for UUM Staff			
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☐	Vote Transfer – ONLY for UUM Staff										
DECLARATION FROM PARTICIPANT											
I hereby declare that my participation in this workshop will not affect my duty. Date: _____ Signature: _____											

APPROVAL FROM HEAD OF DEPARTMENT (UUM'S STAFF ONLY)

****VOTE TRANSFER APPROVAL**

☐ APPROVE. The fee payment of RM _____ will be made from Vote No: _____

☐ NOT APPROVE

Date: _____

Signature: _____

Name and authorized department stamp: _____

Please return the form to CeTMA before 18 October 2017. You may also fax the approved form to 04-9284982 or email to norhana@uum.edu.my.