



UUM
Universiti Utara Malaysia



INDUSTRIAL Ph.D WORKSHOP SERIES II: EXCHANGE RESOURCE
CONFIRMATION OF ATTENDANCE

PARTICIPANT INFORMATION

Name :

Position :

Department :

Email :

Contact No. (O):

(H/P) :

(Fax) :

Address :

PARTICIPATION AND TYPE OF PAYMENT

☐ **UUM'S STAFF**
RM30

☐ **UUM'S STUDENT**
RM30

☐ **NON-UUM Members**
RM100

☐ Cash

☐ Cheque

☐ Vote Transfer

APPROVAL

Head of Unit/Division Approval

The nominated staff is hereby approved to attend the workshop.

Date

Signature

Head of Department Approval

Attendance is approved and payment amount of RM _____ only through vote transfer/cash/cheque made to BENDAHARI UNIVERSITI UTARA MALAYSIA (Bank Islam Malaysia Berhad: 02093010000010).

Date : _____

Signature : _____

Name and Department Stamp : _____

Please return completed and approved form to:
Centre for University-Industry Collaboration
Universiti Utara Malaysia

Tel: 04-928 5090/5192/5193 Fax 04-928 5760 E-mail: cuicnet@uum.edu.my