



Fluid Painting Workshop Registration Form

Organized by Rheumatoid Arthritis Support Group, Arthritis Foundation Malaysia

Participant Information

Full Name: _____

Email Address: _____

Phone Number: _____

Address: _____

City: _____ State: _____

Postal Code: _____ Age: _____

How Did You Hear About This Workshop?

- Social Media
- Email
- Friend/Family
- Other: _____

Workshop Fee & Payment Information :

Workshop Fee: RM 20.00 per person (includes all materials)

Payment Method: Bank Transfer Scan QR code

Bank Transfer Details:

Account Name: Arthritis Foundation Malaysia

Bank Name: MAYBANK

Account Number: 5140 1114 4237

Reference: [Your Full Name]

Please email proof of payment to info@afm.org.my

Agreement & Signature

By signing below, I confirm that I have read and agree to the terms and conditions of the workshop. I understand that my registration will be confirmed only upon receipt of payment.

Signature: _____

Date: _____

Contact Information

For any inquiries, please contact us at:

Phone: 603-79606177

Email: info@afm.org.my

Thank You for Registering!

We look forward to seeing you at the workshop.

