Please register the following name(s) for the conference:

1. Name (Mr/Mrs/Ms): ..............................................................................................................
   Title: .................................................................................................................................
   Position/Designation: ........................................................................................................
   Telephone: ....................................... Fax: ...........................................................
   E-mail : ...........................................................

   Please Tick (✓)
   Registration as: Paper Presenter & Participant ☐ Participant ☐

2. Name (Mr/Mrs/Ms): ..............................................................................................................
   Title: ...................................................................................................................................
   Position/Designation: ...........................................................................................................
   Telephone: ....................................... Fax: ...........................................................
   E-mail : ...........................................................

   Please Tick (✓)
   Registration as: Paper Presenter & Participant ☐ Participant ☐

3. Name (Mr/Mrs/Ms): ..............................................................................................................
   Title: ...................................................................................................................................
   Position/Designation: ...........................................................................................................
   Telephone: ....................................... Fax: ...........................................................
   E-mail : ...........................................................

   Please Tick (✓)
   Registration as: Paper Presenter & Participant ☐ Participant ☐

Address of Organization:
...........................................................
...........................................................
...........................................................
...........................................................

Payment - Please Tick (✓)
By : Cheque ☐ Bank Draft ☐
Payment Amount : RM................................. or USD ..........................................

FOR OFFICIAL USE
Fee Received :
D IP LP S
Reg. Code :

HOW TO REGISTER?

Kindly post your completed registration form together with payment to the following:

The Conference Secretariat
Office of Corporate Strategy & Quality Assurance
International Islamic University Malaysia
P.O. Box 10, 50728 Kuala Lumpur
Malaysia
Tel: 603-6196 5853/ 5854 / 5855 - Fax: 603- 6196 4989
Website: www.iwu.edu.my/ICSPQA
E-mail: ICSPQA@iwi.edu.my / ICSPQA@yahoo.com

REGISTRATION FEES

Registration Fee per Person:
1. International Participants ............ USD 400
2. Local Participants .................... RM 850
3. Students ................................. .... RM 100

* Early Registration Discounts 10 % (Registration before 29th May 2009)
Registration fee cover participant at the conference, conference materials, lunches and tea breaks. Registration fee however does not include travel and accommodation. Please note that registration fee must be paid before 10th July 2009.

Mode of Payment (Cheque / Bank Draft):
Please cross cheque or bank draft made payable to “FINANCE DIRECTOR, INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA” and mail your payment together with your registration to Office of Corporate Strategy & Quality Assurance, International Islamic University Malaysia, P.O. Box 10, 50728 Kuala Lumpur, Malaysia.

Cancellation Policy:
Substitution is allowed for registered participants. Please note that payment must be made prior to 29th May 2009 to qualify for discount, or 10th July 2009 for normal register. For cancellation, a refund minus 20% service charge will be sent to delegates if cancellation is received in writing by 13th July 2009. Regrettably, no refund can be made for cancellation received after this date. A complete set of conference materials will however be sent to you.

GENERAL INFORMATION FOR PARTICIPANTS

Hotel Information
Special rates for accommodation have been negotiated with the hotels listed below. Please quote the name of the conference when making reservations with the hotel.

Hotel 1 (Official Conference Venue) – Crowne Plaza Mutiara Hotel, Kuala Lumpur
Hotel 2 (Alternative Hotel) – Renaissance Kuala Lumpur Hotel, Kuala Lumpur

Latest Information
Latest announcement will be made through the conference web site.

FAX : 603 – 6196 4989

Organized by:

Office of Corporate Strategy & Quality Assurance
International Islamic University Malaysia

In collaboration with:

Federation of the Universities of the Islamic World (FUW)
World Islamic Call Society

International Conference on Strategic Planning and Quality Assurance in Higher Education in the Muslim World
(Realities – Challenges and Prospects for Capacity Building)

20-22 July 2009, Crowne Plaza Mutiara Hotel, Kuala Lumpur