

REGISTRATION FORM

Title: ☐ Prof ☐ Dr ☐ Mr ☐ Mrs ☐ Ms (please tick appropriate box)

Given name: _____ Family name: _____

I/C or Passport No: _____ Name on badge/certificate: _____

Affiliated organisation: _____

Mailing address: _____

_____ Postal code: _____

City: _____ Country: _____

Telephone: _____ Mobile: _____ Fax: _____

E-mail: _____

(Please be sure to include your e-mail address, as confirmation/receipt will be sent electronically)

Dietary requirements (if any): _____

SGD (Singapore Dollars) - Please tick & select preferred date			
NYSORA	<input type="radio"/> 7 May '10 (Fri)	<input type="radio"/> 8 May '10 (Sat)	<input type="radio"/> 9 May '10 (Sun)
Scientific Meeting	-	<input type="radio"/> 600.00	-
Scientific Meeting (Trainee/ Student*)	-	<input type="radio"/> 295.00	-
Workshop 1 **	<input type="radio"/> 500.00		<input type="radio"/> 500.00
Workshop 2 **	<input type="radio"/> 350.00		<input type="radio"/> 350.00
Total			SGD

*Please attach a letter from Head of Department to confirm your trainee/ student status

**The same workshops will be conducted on Friday and Sunday.

PAYMENT

Enclosed is my total payment of SGD _____ to be made through:

BANKDRAFT make payable to **Ping Healthcare Pte Ltd**

Please complete this form and mail together with the cheque to:

NYSORA Asia Meeting Secretariat – Ping Healthcare Pte Ltd

5 Upper Aljunied Link #05-05 Quartz Industrial Building Singapore 367903

Tel: +65 6778 5620 Fax: +65 6778 1372 Email: na2010@pinghealthcare.com

Note: Please log on to www.nysoraasia.com to do an Online Registration if you would like to make payment by credit card.

TERMS & CONDITIONS

- 1) On written request, a refund will be issued, but an administration charge of SGD100 will apply.
- 2) No refunds will be made after 15 April 2010.
- 3) Registration will be closed on 15 April 2010.