

REGISTRATION FORM (International Delegates)

PERSONAL PARTICULARS

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): _____

REGISTRATION FEES

Two-day course (28 - 29 November 2009)

Delegates	Amount (S\$)	Please Tick
Early-bird Registration (by 30 September 2009)	200.00	
Normal Registration (from 01 October 2009)	250.00	

Trainees and Students*	Amount (S\$)	Please Tick
Early-bird Registration (by 30 September 2009)	80.00	
Normal Registration (from 01 October 2009)	100.00	

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

PAYMENT

Enclosed is my total payment of S\$ _____ to be made through:

Cheque payable to "Ping Healthcare Pte Ltd".

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

Ten Topics Asia Secretariat - Ping Healthcare Pte Ltd

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

Tel: (65) 6778 5620 Fax: (65) 6778 1372

Credit Card- Visa/Mastercard (please delete accordingly)

Card no: _____ Expiry date: _____

Card holder's name: _____ Signature: _____

CANCELLATION POLICY

On written request, a refund will be issued, but an administration charge of S\$50 will be subtracted.

No refunds will be made after 09 October 2009.