

## 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
<b>Total</b>			<b>SGD</b>

\*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](http://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 1 May 2010.