

NYSORA *asia* 2012

New York School of Regional Anesthesia
6th NYSORA Asia Symposium on Regional Anesthesia and Ultrasonography in Perioperative Medicine

March 3 & 4 (Sat & Sun), 2012

Hotel Equatorial, 242 Tran Binh Trong, District 5, Ho Chi Minh City, Vietnam

Ho Chi Minh City

Ho Chi Minh City



REGISTRATION FORM FOR INTERNATIONAL TRAINEE

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: _____

Contact No.: (Off): _____ 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		
	Early Bird to Feb 5	From Feb 5
International Trainee *		
Saturday Symposium	<input type="radio"/> 275	<input type="radio"/> 350
Break Out Session 1 - Obstetrical Emergencies 9:30 - 10:30 Saturday	<input type="radio"/> Free to symposium registration but is limited to 20 participants on a first come first serve basis.	FULL
Break Out Session 2 - Practical TEE 13:30 - 14:30 Saturday	<input type="radio"/> Free to symposium registration but is limited to 20 participants on a first come first serve basis.	FULL
**Workshop 1 - Hands-On Workshop 16:00 - 18:00 Saturday	<input type="radio"/> 200	FULL <input type="radio"/> 300
Workshop 2 - US Guided Regional Anesthesia Workshops 9:00 - 11:30 Sunday	<input type="radio"/> 275	FULL <input type="radio"/> 350
Workshop 3 - US Guided Regional Anesthesia Workshops 12:30 - 15:00 Sunday	<input type="radio"/> 275	FULL <input type="radio"/> 350
**Workshop 4 - Hands-On Workshop 9:00 - 11:30 Sunday	<input type="radio"/> 200	FULL <input type="radio"/> 300
	Total	SGD

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

** Workshop registration is on First Come First Serve basis with a maximum limit of 24 pax.

PAYMENT

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

Cheque/ Bankdraft make payable to
"Ping Healthcare Pte Ltd."

Please complete this form and mail together with the Cheque/ Bankdraft to:

NYSORA Asia Meeting Secretariat – Ping Healthcare Pte Ltd

20 Sin Ming Lane, #06-55 Midview City, Singapore 573968

Tel: +65 6778 5620 Fax: +65 6778 1372

Credit card – Visa/Mastercard (Please complete form and email to naz012@pinghealthcare.com)

Date of birth: _____ 3-digit security code: _____
(at the back of your credit card)

Card no: _____ Expiry date: _____

Cardholder's name: _____ Signature: _____

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 10 February 2012
- 3) Registration will be closed on 22 February 2012
- 4) All credit card information provided will be confidential