

4TH

PAEDIATRIC FLEXIBLE BRONCHOSCOPY COURSE

26 to 27 August 2019 | Khoo Teck Puat-Advanced Surgical Training Centre (ASTC),
National University Hospital, Level 2, Kent Ridge Wing, Singapore 119074

REGISTRATION FORM

c/o Department of Paediatrics, Yong Loo Lin School of Medicine, National University of Singapore
Khoo Teck Puat – National University Children’s Medical Institute, National University Hospital
NUHS Tower Block, Level 12, 1E Kent Ridge Road, Singapore 119228
Fax: (65) 6779-7486 | Email: paev15@nus.edu.sg

Prof Assoc Prof Asst Prof Dr Mr Ms Mrs Mdm

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|--|--|---------------------|--|
| Full Name: (<u>Underline</u> Family Name) | | | |
| Department: | | | |
| Organization / Institution: | | | |
| Mailing Address: | | | |
| Country: | | Postal Code: | |
| E-mail: | | Contact No: | |
| MCR NO: (Leave blank if not applicable) | | Fax No: | |

REGISTRATION FEES (ALL RATES QUOTED IN SGD and exclusive of GST)

| REGISTRATION FEE | EARLY BIRD UNTIL AUGUST 1 ST | LATE REGISTRATION FROM AUGUST 2 ND |
|------------------|---|---|
| Regular | SGD 1000 <input type="checkbox"/> | SGD 1250 <input type="checkbox"/> |

PAYMENT OPTIONS (Select one option. Payment of registration fee must accompany this form. You are NOT registered until payment is made).

- Singapore cheque/bank draft enclosed (Payable to **National University of Singapore** in Singapore Dollars). All bank charges must be paid at source.
- CREDIT CARD [please select one] VISA MASTER CARD

Card Member’s Name: _____ Card Number: _____

Expiry Date: _____ (MM/YY)

I hereby authorize National University of Singapore to charge my VISA/Mastercard* for the total payment of SGD \$_____ on behalf of Department of Paediatrics, School of Medicine, Yong Loo Lin School of Medicine. Please note that ‘National University of Singapore’ will appear on your bank statement.

Signature (as per credit card)

Date

Payment & Registration Information

- Payment must accompany this form.
- To avoid duplicate registrations, do not mail the original registration form if you have faxed the form earlier.
Please note to print, sign, scan, fax or email the form to us.
- For information on your registration status, please contact Ms Faridah at paev15@nus.edu.sg.

Cancellations & Refunds

- Cancellations must be submitted in writing to Ms Faridah at paev15@nus.edu.sg before the course.
- Refund schedule:
 - Cancellation before 1 August 2019: Refund with 50% deduction for administrative purposes.
- All refunds will be processed after the course.
- **No refunds will be given after 1 August 2019.**
- Replacement of participants will be accepted at no extra charge provided a written request is submitted to Ms Faridah at paev15@nus.edu.sg by 1 August 2019.

Catering & Dietary Preference

Please indicate dietary preference, meals are Halal Certified

Non-Vegetarian

Vegetarian

Agreement to Terms and Conditions:

- I wish to register for the 4th Paediatric Flexible Bronchoscopy Course.
- I understand all information provided will be kept confidential by NUH/NUHS/NUS.

Registrant's signature

Date

Organised by:

