

REGISTRATION FORM

Please return the completed registration form and payment to:

C/o Mr Francis Chua
 Pathology Admin Office #02-07
 Department of Pathology
 Singapore General Hospital
 Outram Road
 Singapore 169608

For enquiries, please contact Mr Francis Chua at :-
 Tel: (65)6326 3814 Fax: (65)6222 6826
 E-mail: francis.chua.y.t@sgh.com.sg

For more information, please go to:
<http://www.sgh.com.sg/clinical-departments-centers/pathology/breastpathologycourse2011/pages/overview.aspx>

STEP 1: REGISTRANT DETAILS

Prof/ Dr/ Mr/ Mrs/ Ms _____ (Family Name) Gender: Male/Female
 Given Name: _____ Designation/Speciality: _____
 Dept: _____ Institution: _____
 Mailing Address: _____

Tel: _____ Fax: _____
 Email: _____ MCR No: _____ (applicable for local doctors)
 Certificate of Attendance: Not Required
 Required (please print your name as it should appear on the certificate)

STEP 2: REGISTRATION FEES

(all fees shown are in Singapore dollars and include GST)

| Category (Please tick accordingly) | Early Bird Registration (Before 31st August 2011) | | | After 31st August 2011 | | |
|---|--|---------------------------------------|---------------------------------------|--------------------------------------|---------------------------------------|---------------------------------------|
| | Day 1 | Day 2 | Day 3 | Day 1 | Day 2 | Day 3 |
| <input type="checkbox"/> Pathologists / Specialists | <input type="checkbox"/> Day 1 \$ 60 | <input type="checkbox"/> Day 2 \$ 130 | <input type="checkbox"/> Day 3 \$ 110 | <input type="checkbox"/> Day 1 \$ 90 | <input type="checkbox"/> Day 2 \$ 160 | <input type="checkbox"/> Day 3 \$ 130 |
| <input type="checkbox"/> Specialists in training* | <input type="checkbox"/> Day 1 \$ 50 | <input type="checkbox"/> Day 2 \$ 120 | <input type="checkbox"/> Day 3 \$ 100 | <input type="checkbox"/> Day 1 \$ 70 | <input type="checkbox"/> Day 2 \$ 150 | <input type="checkbox"/> Day 3 \$ 120 |

| Category (Please tick accordingly) | Early Bird Registration (Before 31st August 2011) | After 31st August 2011 |
|---|--|--|
| | <input type="checkbox"/> Pathologists / Specialists | <input type="checkbox"/> Day 4 IHC/FISH workshop \$ 60 |
| <input type="checkbox"/> Specialists in training* | <input type="checkbox"/> Day 4 IHC/FISH workshop \$ 50 | <input type="checkbox"/> Day 4 IHC/FISH workshop \$ 70 |

*A letter of authentication from training programme director /HOD is required for overseas trainee pathologists
 For those participating from Day 1 to Day 3 inclusive, a **discount** will be given:

Early registration: Consultants - \$280, Trainees - \$250

Late registration: Consultants - \$350, Trainees - \$300

STEP 3: SOCIAL EVENT

(all fees shown are in Singapore dollars and include GST)

Participants are required to register and pay for the social event.

| Category | Event | Cost | No. of tickets | Total Cost |
|-----------------|----------------|-------|----------------|------------|
| 1 November 2011 | Welcome Dinner | \$ 50 | _____ | \$ _____ |

Please indicate any special dietary requirements: Vegetarian
 Halal

STEP 4: PAYMENT

| | |
|---|-----------------|
| Step 2: Registration fee | \$ _____ |
| Step 3: Social Event | \$ _____ |
| Total Payment Due (includes GST) | \$ _____ |

Bank Draft / Cheque in Singapore Dollars. Bank Draft / Cheque No: _____ Bank: _____

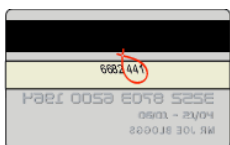
All payments are to be made payable to “SINGAPORE GENERAL HOSPITAL PTE LTD”.

Please include following payment details on the reverse of the bank draft / cheque:

SGH Hematolymphoid Pathology Course 2011 (IO ref: 51303963), Participant’s name and Institution

STEP 5: CREDIT CARD PAYMENT

| | | | | | | | | | | | | | | | |
|--------------------------|---|--|--|--|--|--|--|----------------------------|---|--|--|--|--|--|--|
| Card Type | <input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> Amex | | | | | | | | | | | | | | |
| Card Number | | | | | | | | | | | | | | | |
| Security Code * | | | | | | | | Expiry Date (MM/YY) | / | | | | | | |
| Mailing Address # | | | | | | | | | | | | | | | |



*** Security Code**

The card security code is a unique three or four-digit number printed on your debit/credit card. The number is not embossed on the card so that it cannot be printed on receipts - making it difficult for anyone other than the genuine cardholder to know it. Some cards, many UK-issued cards for example, have a three-digit number printed at the top of the signature strip on the reverse of the card.

Cardholder’s Mailing Address

This should be the address to which your card statement is sent. It must match the address held by your card issuer exactly. If it does not, the retailer may decline your purchase, or defer acceptance of your payment and seek further proof of your address.

This is to certify that I, _____ (Credit cardholder’s name), hereby authorize “Singapore General Hospital Pte Ltd” to charge a total amount of SGD _____ to the above credit card for payment of ‘SGH Hematolymphoid Pathology Course 2011’ on 31 October – 3 November 2011.

 (Cardholder’s signature)

 (Date)

CONFIRMATION OF REGISTRATION

Day 3 workshop is limited to 40 participants and **Day 4 IHC/FISH workshop** is limited to 30 participants. Closing date for early bird registration is **31st August 2011**.

Registration will be confirmed when payment is received and processed and will be acknowledged in writing with confirmation of your requirements according to your registration form. Your receipt will be emailed to you, unless otherwise advised.

Cancellation Policy Participants who find themselves unable to attend the conference after registering are most welcome to nominate a substitute. If this occurs, please advise the secretariat as soon as possible. Cancellations will only attract a refund in exceptional circumstances and must be requested in writing to the secretariat. A \$50 administrative charge will be due for cancellation. No refunds will be given after 30th September 2011.