

10th Anniversary SGH Breast Pathology Course

8 – 10 November 2019

REGISTRATION FORM

Please return the completed registration form and payment to:

c/o Ms Norain Othman
Division of Pathology
Singapore General Hospital
20 College Road, Level 7
Academia ~ Diagnostics Tower
Singapore 169856

For enquiries, please contact Ms Norain at :-
Tel: (65)6326 5287 Fax: (65)6222 6826
E-mail: norain.othman@sgh.com.sg

For more information, please go to:
www.sgh.com.sg/BreastPathologyCourse

[Map](#)

STEP 1: REGISTRANT DETAILS

Prof/ Dr/ Mr/ Mrs/ Ms: _____ (Family Name) Gender: Male/Female

Given Name: _____ Designation/Speciality: _____

MCR No: _____ Institution: _____ Dept: _____
(applicable for local doctors)

Mailing Address: _____

Tel: _____ Fax: _____ Email: _____

Certificate of Attendance: ☐ Not Required
☐ Required (please **WRITE** 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 8th September 2019)	After 8th September 2019
<input type="checkbox"/> Pathologists / Specialists	Day 1 (Microscopy Workshop)	<input type="checkbox"/> \$180 (full day)	<input type="checkbox"/> \$210 (full day)
	Day 2 (Lectures)	<input type="checkbox"/> \$160 (full day)	<input type="checkbox"/> \$190 (full day)
	Day 3 (Case Discussions)	<input type="checkbox"/> \$100 (half day)	<input type="checkbox"/> \$130 (half day)
<input type="checkbox"/> Specialists in training*	Day 1 (Microscopy Workshop)	<input type="checkbox"/> \$160 (full day)	<input type="checkbox"/> \$190 (full day)
	Day 2 (Lectures)	<input type="checkbox"/> \$140 (full day)	<input type="checkbox"/> \$170 (full day)
	Day 3 (Case Discussions)	<input type="checkbox"/> \$ 80 (half day)	<input type="checkbox"/> \$110 (half day)

*A letter of authentication from training programme director /HOD is required for overseas trainee pathologists.

STEP 3: SOCIAL EVENT

(fees shown are in Singapore dollars and include GST and is non-refundable)

Interested participants are required to register and pay for the social event.

Category	Event	Cost	No. of tickets	Total Cost
8 November 2019	Welcome Dinner	\$ 60	_____	\$_____

Please indicate any special dietary requirements: ☐ Vegetarian ☐ Halal

STEP 4: PAYMENT

Step 4.1: Registration fee for Day 1	\$ _____
Step 4.2: Registration fee for Day 2	\$ _____
Step 4.3: Registration fee for Day 3	\$ _____
Step 4.4: Social Event	\$ _____
Total Payment Due (includes GST)	\$ _____

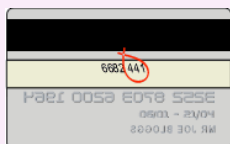
Bank Draft / Cheque in Singapore Dollars. Bank Draft / Cheque No: _____ Bank: _____
 All payments are to be made payable to “**SINGAPORE GENERAL HOSPITAL PTE LTD**”.

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

10th SGH Breast Pathology Course 2019 (IO Ref.: G9PATHBRPC19), 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 ‘10th SGH Breast Pathology Course 2019’ on 8 - 10 November 2019’.

 (Cardholder's signature)

 (Date)

CONFIRMATION OF REGISTRATION

Microscopy workshop places are limited. Closing date for early bird registration is **8th September 2019**.

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 8th October 2019**.