

# Pathology Workshop 11 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/haematolymphoidpathologyworkshop

STEP 1: REGISTRA	ANI DE	IAILS						
Prof/ Dr/ Mr/ Mrs/ Ms:			(Family Name)	Gender: Male/Female				
Given Name:			Designation/Specia	ality:				
MCR No: (applicable for loc	al do ator	Institution:	Dept:					
Mailing Address:		,						
Tel:	Fax:		Email:					
Certificate of Attendance:		Not Required						
		Required (please <b>V</b>	/RITE your name as it shoul	d appear on the certificate)				

# STEP 2: REGISTRATION FEES

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

(Plea	Category se tick accordingly)	Early Bird Registration (Before 8th September 2019)	After 8th September 2019		
Pathologists / Specialists	Full Day	□ \$160	<b>\$195</b>		
	Half Day PM *(Lecture only)	□ \$ 90	□ \$100		
Specialists in training*	Full Day	□ \$150	<b>\$185</b>		
	Half Day PM *(Lecture only)	□ \$ 80	<b>\$100</b>		

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

### STEP 3: PAYMENT

Step 3.1: Registration fee for Full Day or					
Step 3.2: Registration fee for Half Day (*Lecture Only)					
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: Haematolymphoid Pathology Workshop (IO ref: G9PATHBRPC19), Participant's name and Institution.

### STEP 4: CREDIT CARD PAYMENT

Card Type	☐ Visa			☐ Master				☐ Amex								
Card Number																
Security Code *							Expi	ry Da /YY)	te			/				
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.

Date

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 abo	ove cred	lit card for
payment of	'Haematolymphoid Pathology Workshop' on	11 Novemb	oer 2019.			

(Note: Digital signature is unacceptable)

Cardholder's signature

## **CONFIRMATION OF REGISTRATION**

Microscopy workshop places are limited. Closing date for early bird registration is 8<sup>th</sup> 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 8 October 2019.