

## REGISTRATION FORM FOR LOCAL SOCIETY

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 session		
	Early Bird Registration (Before Jan 5 2014)	Normal Registration (On and after Jan 6 2014)
<b>Day 1 - Symposium</b> 8:00 am - 5:30 pm Saturday	<input type="radio"/> 120	<input type="radio"/> 150
<b>Break Out Session 1 - Practical Tee (Transesophageal Echocardiography)</b> 8:00 am - 10:00 am Saturday	<input type="radio"/> Free to symposium registrants but is limited to 20 participants on a first come first serve basis.	
<b>Break Out Session 2 - Obstetric Anesthesia Emergencies</b> 8:00 am - 10:00 am Sunday	<input type="radio"/> Free to symposium registrants but is limited to 20 participants on a first come first serve basis.	
<b>Day2 - Workshop 1 - Intensive Comprehensive Ultrasound Guided Regional Anesthesia</b> 8:00 am - 12:00 pm Sunday	<input type="radio"/> 120	<input type="radio"/> 150
<b>Day2 - Repeat of Workshop 1 in the afternoon</b> 1:30 pm - 6:00 pm Sunday	<input type="radio"/> 120	<input type="radio"/> 150
<b>Day2 - Workshop 2 - Us Guided Interventional Pain Procedures</b> 8:00 am - 12:30 pm Sunday	<input type="radio"/> 120	<input type="radio"/> 150
	<b>Total</b>	SGD

\* 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 NysoraAsia@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) All registrations are non refundable but transferable
- 2) No refunds will be made after 1 February 2014
- 3) Registration will be closed on 28 February 2014
- 4) All credit card information provided will be confidential

For updates on the programme and further information please log on to our website

**WWW.NYSORAASIA.COM**