



8th Medicine Review Course
23-24 July 2016 | Auditorium, The Academia @ SGH
REGISTRATION FORM

*Register by
30 April 2016 to enjoy early
registration fee*

REGISTRATION PARTICULARS			
Designation:	<input type="checkbox"/> Prof <input type="checkbox"/> A/Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms		
Family Name:		Given Name:	
Organisation/Institution:			
Mailing Address:			
MCR No. : (local doctor)		Email:	
Tel/Mobile:		Fax:	

Registration Category Please tick (v) as appropriate.	Early Registration Fee (before 30 April 16)	Standard Registration Fee	Onsite Registration / Day Registration (Single day session)
Fellow of Academy of Medicine, Singapore	<input type="checkbox"/> SGD200	<input type="checkbox"/> SGD250	<input type="checkbox"/> SGD200
BST / AST / Resident / Medical Officer/ House Officer <i>* Circle appropriate</i>	<input type="checkbox"/> SGD250	<input type="checkbox"/> SGD300	<input type="checkbox"/> SGD250
Allied Health / Nursing <i>* Circle appropriate</i>	<input type="checkbox"/> SGD125	<input type="checkbox"/> SGD175	<input type="checkbox"/> SGD125
Non-Fellow Doctor Country: _____	<input type="checkbox"/> SGD300	<input type="checkbox"/> SGD350	<input type="checkbox"/> SGD300
Medical Student Matriculation no.: _____	<input type="checkbox"/> SGD100	<input type="checkbox"/> SGD100	<input type="checkbox"/> SGD100

PAYMENT ADVICE & AUTHORISATION

CHEQUE
 Drawn on a local bank made payable to "COLLEGE OF PHYSICIANS, SINGAPORE"

Name of Bank:		Cheque No:		Amount:	
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CREDIT CARD – VISA OR MASTERCARD ONLY
 Academy of Medicine, Singapore will be collecting the registration fee on behalf of College of Physicians, Singapore

Card No:																		Expiry Date (MM/YY):			/		
Name of Card Holder:																			CCV No:				
Signature of Card Holder:																			Amount:				
																			Date:				

BANK TRANSFER

Bank Account Name:	College of Physicians, Singapore	Bank Name:	DBS Bank Ltd
Bank Account:	Number: 065-901423-2	SWIFT Code:	DBSSSGSG

CANCELLATION & REFUND POLICY

Before 30 June 2016 – 80% refund | After 30 June 2016 – Strictly no refund.

Please complete and return this form with full payment to
College of Physicians, Singapore
81 Kim Keat Road, NKF Centre #12-00, Singapore 328836

FOR OFFICIAL USE

Received on: _____

Registration number: _____