



Chapter of Orthopaedic Surgeons
COLLEGE OF SURGEONS, SINGAPORE
 Hip and Knee Arthroplasty Workshop

CREDIT CARD AUTHORISATION & REGISTRATION FORM
 (FOR PAYMENT VIA CREDIT CARD ONLY)

Please fax registration form to (65) 65937880 or email to bened_thong@ams.edu.sg

Registrant's Details

Name (as in SMC registration): _____ MCR No: _____

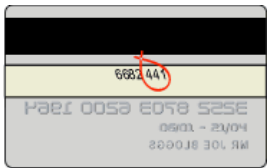
Designation: _____ Department: _____ Hospital: _____

Resident Year (pls circle): 1 / 2 / 3 / 4 / 5 / 6 / NA Contact No. (Mobile) _____

Email: _____

This is to certify that I, _____ (Credit cardholder's name), cardholder of

Card Type	Visa <input type="checkbox"/>	Master <input type="checkbox"/>	Non-Refundable Course Registration Fees: SGD 150 AMS* Members SGD 300 Non-AMS* Members *Academy of Medicine, Singapore
Card Number			
Security / CVV Code *	Expiry Date (MM/YY)		



*** 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.

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hereby authorize "**College of Surgeons, Singapore**" to charge a total amount of _____ to the above credit card for payment of registration for the Hip and Knee Arthroplasty Workshop. Registration fees are non-refundable.

I understand and consent to the use of my credit card without my signature on the charge slip that my signature on this form will serve as the authorised signature.

Thank you.

Yours Sincerely,

 (Cardholder's signature)

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