



**UNDERSTANDING THE STANDARDS ON PROVISION OF  
ELECTROCARDIOGRAPHY STRESS TESTING**  
– A SHORT COURSE ON MEETING THE NEW REQUIREMENTS  
**26 AUGUST 2017, COLLEGE OF MEDICINE BUILDING, MOH LECTURE ROOM**

**REGISTRATION FORM**

REGISTRATION PARTICULARS														
Designation:	<input type="checkbox"/> Prof <input type="checkbox"/> A/Prof <input type="checkbox"/> Dr													
Family Name:		Given Name:												
Organisation/Institution:														
Mailing Address:														
MCR No. : (local doctor)		Email:												
Tel/Mobile:		Fax:												
PAYMENT ADVICE & AUTHORISATION														
<b>Registration Category</b> Please tick (v) as appropriate.	<b>Standard Registration Fee</b> <input type="checkbox"/> SGD 150.00	<b>Fellow of the Academy of Medicine, Singapore</b> <input type="checkbox"/> SGD 100.00												
<b>CHEQUE</b> Drawn on a local bank made payable to "COLLEGE OF PHYSICIANS, SINGAPORE"														
Name of Bank:		Cheque No:		Amount:										
<b>CREDIT CARD – VISA OR MASTERCARD ONLY</b> 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:			
<b>BANK TRANSFER</b>														
Bank Account Name:	College of Physicians, Singapore					Bank Name:	DBS Bank Ltd							
Bank Account:	Number: 065-901423-2					SWIFT Code:	DBSSSGSG							
<b>CANCELLATION &amp; REFUND POLICY</b>														
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  
Email: [ernie\\_marlena@ams.edu.sg](mailto:ernie_marlena@ams.edu.sg) Tel: 65937872

\*\*\*FOR OFFICIAL USE\*\*\*

Received on: \_\_\_\_\_

Registration number: \_\_\_\_\_