7TH SINGAPORE PAEDIATRIC & PERINATAL ANNUAL CONGRESS (SiPPAC)

Theme: Paradigm Shifts in Paediatric Care

Novotel Singapore on Stevens
27 to 28 July 2018

Jointly organised by:

Singapore Paediatric Society

PERINATAL SOCIETY OF SINGAPORE

DAY CONGRESS REGISTRATION FORM

Please submit completed form via email to sippac@ams.edu.sg

REGISTRATION FEES PER PERSON		Full Congress	Day Registration
Code	**CATEGORY**	**27 – 28 July 2018**	**28 July 2018**
A1	Students (Medical / Nursing)	☐ SGD150.00	☐ SGD100.00
A2	Residents / Doctors in Training / Nurses / Allied Health	☐ SGD250.00	☐ SGD125.00
A3	Members (CPCHS/SPS/PSS)	☐ SGD300.00	☐ SGD200.00
A4	Non-members	☐ SGD400.00	☐ SGD250.00
TOTAL PAYMENT DUE			

Particulars (complete in BLOCK CAPITALS)

Salutation *(please delete where appropriate)*: Prof / Dr / Mr / Mrs / Ms

Surname / Last Name / Family Name: _____

First / Given Name: _____

Name to appear on Certificate of Attendance: _____

Designation: _____ Department: _____

Institution: _____

Address: _____

Country: _____ Postal Code: _____

Telephone: _____ Mobile: _____ Fax: _____

Email: _____

MCR (for CME) / NRIC (for CNE / CPE) No.: _____

I am submitting an abstract for SIPPAC 2018: ☐ Yes ☐ No

Dietary Requirements, if any: ☐ No preference ☐ Halal ☐ Vegetarian

PAYMENT OPTIONS

☐ Cheque / Bank Draft **Please make payable to COLLEGE OF PAEDIATRICS AND CHILD HEALTH, SINGAPORE in Singapore Dollars.**

Bank: _____ Reference No.: _____

☐ Cash

☐ Telegraphic Transfer

*Please contact CPCHS Congress Secretariat on bank details for telegraphic transfer arrangements. Please note that "Academy of Medicine, Singapore" will appear on your bank statement.

☐ VISA ☐ Mastercard

Credit Card Number _____ Expiry Date (mm/yy) _____ CCV No. (3 digit no. at the back of your card) _____

Card Holder Name (Please write in BLOCK LETTERS) _____ Authorised Signature & Date: _____

CONFIRMATION OF REGISTRATION

Confirmation of registration will only be issued upon the receipt of your completed Registration Form with full fee payment by **2 JULY 2018**.

TERMS OF PAYMENT

Payment must be made in Singapore Dollars. The College of Paediatrics and Child Health, Singapore is collecting registration fees on behalf of SIPPAC 2018 Congress.

CANCELLATION, SUBSTITUTION AND REFUND POLICY

Requests for cancellation/replacement must be made in writing to the SIPPAC Congress Secretariat.

- There is NO REFUND FOR CANCELLATION
- Applicant who is unable to attend the conference may send an alternate. Substitution request must be submitted in writing to the Secretariat before **2 JULY 2018.**

LIABILITY AND DISCLAIMER

Whilst every attempt will be made to ensure that all aspects of the Conference mentioned herein will take place as scheduled, the SIPPAC 2018 Congress organisers reserve the prerogative to make final changes should the need arise.

The applicant acknowledges that he/she has no right to lodge complaints against the SIPPAC 2018 Congress organisers should the holding of event be hindered or prevented by unexpected political or economic events or by force majeure, non-appearance of speakers or other reasons which necessitate program changes. With registration, the applicant accepts this provision.

Agreement to terms and conditions: I wish to register for Singapore Paediatric & Perinatal Annual Congress (SIPPAC) and acknowledge the registration terms including the cancellation policy.

Registrant's signature **Date**

Please send the completed form along with the full payment to the following personnel:

Congress Secretariat
7th Singapore Paediatric and Perinatal Annual Congress (SIPPAC)
c/o College of Paediatrics and Child Health, Singapore
81 Kim Keat Road,
#11-00 NKF Centre
Singapore 328836
Attn To: Ms Elise Toh
DID: (65) 6593 7805
E-mail: sippac@ams.edu.sg

For more information, please visit http://ams.edu.sg/colleges/paediatrics-child-health/sippac2018