

Organised by:



8th Wong Hock Boon Paediatric Masterclass & Pre-Masterclass Paediatric Sleep Workshop 23 – 25 Aug 2019 Registration Form

c/o Department of Paediatrics, Yong Loo Lin School of Medicine, National University of Singapore
NUHS Tower Block Level 12, 1E Kent Ridge Road, Singapore 119228
Fax: (65) 6779-7486 / Email: paev15@nus.edu.sg

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|--|--|---|--|------------------------------|---|--|------------------------------|
| <input type="checkbox"/> Prof | <input type="checkbox"/> Assoc Prof | <input type="checkbox"/> Asst Prof | <input type="checkbox"/> Dr | <input type="checkbox"/> Mr | <input type="checkbox"/> Ms | <input type="checkbox"/> Mrs | <input type="checkbox"/> Mdm |
| Full Name: (<u>Underline</u> Family Name) | | | | | | | |
| I require a Certificate of Attendance: | | <input type="checkbox"/> No <input type="checkbox"/> Yes | | If yes, pls indicate: | | <input type="checkbox"/> Hard copy <input type="checkbox"/> Digital copy | |
| Name to appear on Certificate of Attendance: | | | | | | | |
| Organisation / Institution: | | <input type="checkbox"/> NUH Paediatrics <input type="checkbox"/> NUHS (Pls indicate institution : _____) | | | | | |
| | | <input type="checkbox"/> Others : _____ | | | | | |
| Mailing Address: | | | | | | | |
| Country / Region: | | | | Postal Code: | | | |
| E-mail: | | | | | | Contact No: | |
| MCR/SNB/PRN NO: (Indicate NA if not applicable) | | | | Fax No: | | | |
| I am attending: | | <input type="checkbox"/> 23 Aug Pre-Masterclass workshop : AM / PM | | | | <input type="checkbox"/> 24 Aug <input type="checkbox"/> 25 Aug | |
| REGISTRATION FEES (ALL RATES QUOTED IN SGD / RATES INCLUSIVE OF WORKSHOP & MASTERCLASS) | | | | | | | |
| REGISTRATION CATEGORY | EARLY REGISTRATION (Registration & payment must be made before 15 July 2019) | | STANDARD REGISTRATION (Registration & payment to be made 16 July 2019 onwards) | | ON-SITE REGISTRATION (Payment in cash only) | | |
| For participants with exception of # | <input type="checkbox"/> SGD270 | | <input type="checkbox"/> SGD325 | | <input type="checkbox"/> SGD380 | | |
| # For NUHS STAFF / SPS members | <input type="checkbox"/> SGD215 | | <input type="checkbox"/> SGD260 | | <input type="checkbox"/> SGD300 | | |
| Nursing / Allied Health professionals | <input type="checkbox"/> SGD60 | | <input type="checkbox"/> SGD70 | | <input type="checkbox"/> SGD80 | | |

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|---|----------------------|
| PAYMENT OPTIONS (Select one option; payment of registration fee must accompany this form. Please take note that you are not registered until payment is made.) | |
| <input type="checkbox"/> Singapore cheque / bank draft enclosed (Payable to National University of Singapore in Singapore Dollars). All bank charges must be paid at source. | |
| <input type="checkbox"/> CREDIT CARD (please tick one) <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD | |
| Card Member's Name: | |
| Card Number: | Expiry Date: (MM/YY) |
| I hereby authorise National University of Singapore to charge my VISA / Mastercard for the total payment of SGD \$_____ on behalf of Department of Paediatrics, Yong Loo Lin School of Medicine, National University of Singapore. (Please note that ' National University of Singapore ' will appear on your bank statement) | |
| _____ | _____ |
| Signature (as per credit card) | Date |
| Payment & Registration Information <ul style="list-style-type: none"> • Payment / payment details must accompany this form. • To avoid duplicate registrations, do not mail the original registration form if you have emailed / faxed the Form earlier. Please note to print, sign, scan, fax or email the form to us. • For information on your registration status, please contact Ms Patricia Chiang at paev15@nus.edu.sg. | |
| Cancellations & Refunds <ul style="list-style-type: none"> • Cancellations must be submitted in writing to Patricia Chiang at paev15@nus.edu.sg before the course • Refund schedule: <ul style="list-style-type: none"> ◦ Cancellation before/on 26 July 2019: Refund with 50% deduction for administrative purposes ◦ Cancellation after 26 July 2019: Refund with 30% deduction for administrative purposes • All refunds will be processed after the conference • No refunds for cancellation will be given after 16 August 2019 • Replacement of participants will be accepted at no extra charge provided a written request is submitted to Ms Patricia Chiang at paev15@nus.edu.sg by 16 August 2019 | |
| Catering & Dietary Preference Please indicate dietary preference. Kindly note that all meals are Halal-certified. | |
| <input type="checkbox"/> None <input type="checkbox"/> Vegetarian | |
| Agreement to Terms and Conditions I wish to register for the 8 th Wong Hock Boon Paediatric Masterclass. I accept all the above guidelines and agree that the organisers may collect, use and disclose the data that I have provided for the purpose of processing and administering the application for this event. | |
| _____ | _____ |
| Registrant's Signature | Date |

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

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 c/o Department of Paediatrics
 Yong Loo Ling School of Medicine, National University of Singapore
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 Singapore 119228
 Attn: Ms Patricia Chiang / Email: paev15@nus.edu.sg