

6TH SINGAPORE PAEDIATRIC & PERINATAL ANNUAL CONGRESS SCIENTIFIC CONGRESS
THEME: UPDATE IN PERINATAL NEONATAL MEDICINE AND PAEDIATRICS



18-19 August 2017 | FURAMA RIVERFRONT | SINGAPORE

Please submit completed form to info@perinatal.sg or Siti.Nurfadilah@kkh.com.sg

REGISTRATION FEES		Full Congress	Day Registration	Day Registration
CATEGORY		18-19 August 2017	18 August 2017	19 August 2017
A1	Students (Medical / Nursing)	<input type="checkbox"/> SGD200	<input type="checkbox"/> SGD100	<input type="checkbox"/> SGD100
A2	Nurses / Allied Health	<input type="checkbox"/> SGD250	<input type="checkbox"/> SGD125	<input type="checkbox"/> SGD125
A3	Members (PSS/SPS/CPCHS)	<input type="checkbox"/> SGD300	<input type="checkbox"/> SGD200	<input type="checkbox"/> SGD200
A4	Non-members	<input type="checkbox"/> SGD350	<input type="checkbox"/> SGD200	<input type="checkbox"/> SGD200
CONGRESS DINNER				
B1	Members (PSS/SPS/CPCHS)	<input type="checkbox"/> SGD500/table (no individual seat option) [no of table _____]		
B2	Non-members / Pharmaceutical companies	<input type="checkbox"/> SGD1000/table (no individual seat option) [no of table _____]		
B3	Non-members (individual seat)	<input type="checkbox"/> SGD100/table (does not apply to members of PSS/SPS/CPCHS or pharmaceutical companies)		
TOTAL PAYMENT DUE				

Particulars (complete in BLOCK CAPITALS)

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

Surname/Family Name: _____ First/Other Name: _____

Designation: _____ Department: _____

Institution: _____

Address: _____

Country: _____ Postal Code: _____

Telephone: _____ Mobile: _____ Fax: _____

Email: _____

Name to appear on Certificate of Attendance: _____

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

I am submitting an abstract for SIPPAC 2017: [] YES [] NO

Dietary Requirements, if any: _____

Payment Options

Cheque / Bank Draft No. _____ (made payable to "Perinatal Society of Singapore" in Singapore Dollars)

CONFIRMATION OF REGISTRATION

Confirmation of registration will only be issued upon the receipt of your completed Registration Form with full fee payment.

TERMS OF PAYMENT

Payment must be made in Singapore Dollars. Registration fees will apply according to the date of receipt of the payment. The Perinatal Society of Singapore is collecting registration fees on behalf of SIPPAC 2017 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 **31 JULY 2017**

MAIL TO: Congress Secretariat
6th Singapore Paediatric and Perinatal Annual Congress (SIPPAC)
c/o Department of Neonatology
KK Women's and Children's Hospital
100 Bukit Timah Road
Level 2, Women's Tower
Singapore 229899

TEL (DID): (65) 63948497

E-mail: info@perinatal.sg or Siti.Nurfadilah@kkh.com.sg

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 2017 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 2017 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.

For catering purposes, please tick dietary preference:

- No preference Halal Vegetarian

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