**Registration Form**

**5th Singapore Rehabilitation Conference**

**7 – 8 September 2017**

*1) By providing the information for registration, you confirm that you have read, understood and consent to the SingHealth Data Protection Policy, a copy of which is available at “http://www.sgh.com.sg/Others/contact-us/Pages/PDPA.aspx”.*

*2) Please note that photographs and videography may be taken during this event for publicity and training purposes.*

**Your registration will be reviewed**

**REGISTRATION PARTICULARS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | | |
| **Organisation** |  | **MCR / SNB / PRN no.** (if applicable) |  |
| **Department** |  | **Designation** |  |
| **Contact no.** |  | **Email** |  |
| **Mailing Address** |  | | |

**PAYMENT**

**Registration Fees** (inclusive of 7% GST):

|  |  |  |
| --- | --- | --- |
| **Category** | **Early Bird Registration**  (Extended to 20 August 2017) | **Regular Registration**  (21 August – 7 September 2017) |
| **All** (Full Conference) | **SGD 350** | **SGD 400** |
| **Students   (Medical, Nursing, Allied Health)**   (Full Conference) | **SGD 150** | **SGD 200** |

**Please tick/select payment method:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Telegraphic Transfer / Bank Transfer** | | |
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Account Name : Singapore General Hospital Pte Ltd

Bank Name : DBS Bank Limited

Branch Name : Great World City Branch

Bank Address : 1 Kim Seng Promenade, #02-32, Great World City, Singapore 237994

Bank Code : 7171

Branch Code : 032

Account No. : 032-001600-6

Swift Code : DBSSSGSG

Please state that payment is for "5th Singapore Rehabilitation Conference 2017" and indicate the Registrant Name and Contact Number clearly.

Upon completion of the transfer, please email a copy of your remittance advice with your name to [src\_secretariat@sgh.com.sg](mailto:src_secretariat@sgh.com.sg) for tracking purposes.

*\*Payment made by Telegraphic Transfer or Bank Draft should be made nett of all bank charges and commissions.*

*The Organiser will not bear any bank charges.*

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| |  |  | | --- | --- | |  | **By Cheque / Bank Draft** (to be drawn on a bank in Singapore) | | |
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Cheque / bank draft should be made payable to "Singapore General Hospital Pte Ltd".

Kindly indicate the Registrant Name, Contact Number and that payment is meant for "5th Singapore Rehabilitation Conference 2017" at the back of the cheque/ bank draft and mail to:

Ms Yip Su Jen

5th Singapore Rehabilitation Conference

c/o SGH Postgraduate Medical Institute

20 College Road, Academia, Level 2 (Education Office)

Singapore 169856

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| --- | --- | --- | --- |
| |  |  | | --- | --- | |  | **By Invoice** (to local organisations only) | | |
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Invoice will be sent to your organisation. Please provide billing details:

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| --- | --- |
| Name of Organisation |  |
| Billing Address |  |
| Attention Invoice to |  |
| Contact tel. |  |

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| |  |  | | --- | --- | |  | **By credit card** | | |
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Please fill in the Credit Card Authorisation Form on the next page.

**Deadline**

Please email the completed Registration Form to Yip Su Jen at [src\_secretariat@sgh.com.sg](mailto:src_secretariat@sgh.com.sg)

Registration will only be confirmed upon receipt of full payment, on a first-come-first-served basis.

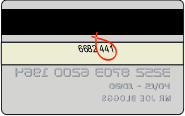
Payment must be received on or before 20 August 2017 to enjoy the Early Bird registration fee.

**CREDIT CARD AUTHORISATION FORM**

**(FOR PAYMENT VIA CREDIT CARD ONLY)**

This is to certify that I,                      *(Credit cardholder’s name)*, cardholder of

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Card Type** | Visa  Master | | | | | | | | | | | | | | | | | |
| **Card Number** |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| **Security Code \*** |  | | | | | | Expiry Date (MM/YY) | | | |  | | | | | | | |
| **Mailing Address #** |  | | | | | | | | | | | | | | | | | |



**\* 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.

**# Cardholder’s Mailing Address**

This should be the address to which your card statement is sent. It must match the address held by your card issuer exactly. If it does not, the retailer may decline your purchase, or defer acceptance of your payment and seek further proof of your address.

hereby authorize “Singapore General Hospital Pte Ltd” to charge a total amount of SGD\_\_\_\_\_\_\_\_\_\_\_

to the above credit card for payment of registration fee for the **5th Singapore Rehabilitation Conference 2017** which will be held from 7 – 8 September 2017.

Thank you.

Yours Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Cardholder’s signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

**Please complete all the details above, sign and email the form back to Yip Su Jen at src\_secretariat@sgh.com.sg**