**Registration Form**

**Comprehensive Course of Fundamentals in Cancer Rehabilitation**

**6 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** |  | | |