AOCMP & SEACOMP 2013

12-14 December 2013 Health Promotion Board

REGISTRATION FORM

Please fax / email registration form to :-

Fax To: (65) 6593 7880 (Singapore) Email To: aocmp2013@ams.edu.sg Tel: (65) 6593 7800

Fax To: (65) 6593 7880 (Singapore) **Mail To:** AOCMP & SEACOMP 2013,

c/o Academy of Medicine, Singapore,

81 Kim Keat Road #12-00, NKF Centre, Singapore 328836

Websites: www.smps.sg

REGISTRANT INFORMATION (PLEASE PRINT IN CAPITAL	LETTERS)
☐ Prof ☐ Assoc Prof ☐ Dr ☐ Mr ☐ Ms ☐ Mrs Surname:	First Name :
Profession :	Department :
Institution :	
Mailing Address :	
City:	State/Province:
Country:	Postal Code:
Contact No. : (For international attendees, please include country and city co	Fax No. :
Email:	see for priorite una just,
Name to appear on Certificate of Attendance :	
SPECIAL REQUIREMENTS	
Special Assistance : Please indicate if you have a disabil Conference. Please state the type of assistance required:	ity or require assistance to be able to participate fully in the
Dietary Requirements : Please specify if you have special meal requirements:	

REGISTRATION FEES (ALL RATES ARE QUOTED IN SINGAPORE DOLLARS)

Registration Category	Received and Paid on/before 18 October 2013	Received and Paid after 18 October 2013
AOCMP & SEAFOMP Member Countries (Excluding Singapore, Australia, New Zealand, Japan, South Korea, China, Taiwan and Hong Kong)	\$180.00	\$230.00
ALL OTHERS	\$220.00	\$270.00

Student	□ \$100.00	□ \$120.00
Local (non-society)	\$250.00	\$300.00

PAYMENT DETAILS (PAYMENT OF REGISTRATION FEE MUST ACCOMPANY THIS FORM)

TOTAL PAYMENT DUE =(S\$)			
PAYMENT OPTIONS (SELECT ONE)			
	Telegraphic Transfer Bank: DBS Bank Limited Account Name: Academy of Medicine, Singapore Bank Account No: 003-904280-9 Bank Code: 7171 Branch Code: 003 Swift Code: DBSSSGSG Bank Address: 6 Shenton Way DBS Building Singapore 068809		
	Cheque / Bank Draft (for overseas delegates) (Cheques/Bank Drafts must be sent in Singapore Dollars (SGD) and made payable to "Academy of Medicine, Singapore")		
	Credit Card		
	□ VISA	☐ Mastercard	
	I hereby authorize the Academy of Medicine, Singapore to charge my credit card for the Registration Fee as indicated on this form.		
	Card Number :		
	Expiry Date : (MM/YY)	CVV Number: (the last 3-digit number on the back of your VISA card /MasterCard)	
	X Name of Cardholder (Please write in BLOCK LETTERS)	X Signature (as per credit card)	

Additional Information

- Payment must accompany this form.
- For information on your registration, please contact <u>aocmp@ams.edu.sg</u> or Tel: (65) 6593 7868
- To avoid duplicate registrations, do not mail the original Registration Form if you have faxed the Form to us.
- In case of cancellation, full refund of the registration fee minus 15% for administrative costs may be obtained up to three months before the course and 50% of the fee up to one month before the course. No refund will be made if the cancellation request is postmarked less than one month before the start of the course.

^{*} Registration fees will be collected by Academy of Medicine, Singapore on behalf of AOCMP & SEACOMP 2013

AGREEMENT TO TERMS AND CONDITIONS

I wish to re	egister for the AOCMP	& SEACOMP 201	. 3 and acknowledge th	ne registration terms	s including the
cancellatio	n policy.				
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Signature of Registrant: Date:

ACCOMODATION

Suggested hotels within walking distance from the conference site are listed below. Delegates are advised to contact the hotels directly for reservations.

Name of Hotel	Webpage	Email
The Link Hotel	www.linkhotel.com.sg	reservation@linkhotel.com.sg
Santa Grand Hotel Chinatown	www.santagrandhotels.com/chinatow n.asp	reservation@santa.com.sg
Santa Grand Hotel Lai Chun Yuen	http://www.santagrandhotels.com/laic hunyuen.asp	reservation@santa.com.sg
Hotel Nostalgia	http://www.hotelnostalgia.com.sg/	ados@hotelnostalgia.com.sg
Studio M Hotel (w/ free shuttle service)	www.studiomhotel.com	angel.neo@millenniumhotels.com

- In addition, delegates may enjoy a discount for their stay during the conference period by quoting "AOCMP" during their reservation.
- The information provided above is correct at the time of writing. The organizer is not responsible for any changes which the hotels may implement upon booking by participants.
- ❖ Delegates would need to seek their own mode of transportation to and fro the event venue.
- The application fee does not cover hotel stay, transportation costs or any other costs not stated.