

43rd Singapore-Malaysia Congress of Medicine 2009

"Reducing Morbidity and Mortality in the Next Decade"

REGISTRATION FORM

Please complete in BLOCK Letters and return this form with full payment to:

43rd SMCM Secretariat, Academy of Medicine, Singapore

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

Tel: (65) 6593 7882 Fax: (65) 6593 7860 Email: smcm@ams.edu.sg Website: www.ams.edu.sg

REGISTRATION DETAILS

Prof Dr Mr Ms Surname: _____ Other Name(s): _____

Preferred name on Certificate: _____ Organisation: _____

Mailing Address: _____ Postal Code _____ Email: _____

Tel: _____ Fax: _____ MCR No: _____ Abstract Submission: []Yes []No

REGISTRATION FEES (IN SINGAPORE DOLLARS)

TYPE OF REGISTRATION (Please tick accordingly)

Main Congress: Full Delegates (6 – 8 August 2009)		Early Bird Rate (before 15 Jun 2009)	Normal Rate	Amount Payable
A	Doctors (Fellows of AMS/ AMM/ HKAM)	S\$250 <input type="checkbox"/>	S\$280 <input type="checkbox"/>	
B	Doctors (Non-Fellows/ GPs)	S\$300 <input type="checkbox"/>	S\$350 <input type="checkbox"/>	
C	Trainees (BST & AST)	S\$200 <input type="checkbox"/>	S\$220 <input type="checkbox"/>	
D	Allied Health Staff	S\$150 <input type="checkbox"/>	S\$180 <input type="checkbox"/>	
E	Medical Students	S\$100 <input type="checkbox"/>	S\$150 <input type="checkbox"/>	
F	Day Registration (please tick which day you are attending) <input type="checkbox"/> Friday 7 August <input type="checkbox"/> Saturday 8 August		S\$160 <input type="checkbox"/>	
Workshops				To note:
A	Pre-Congress Workshop: Medicine Review Course 2009	Wed (5 Aug) <input type="checkbox"/>	Thu (6 Aug) <input type="checkbox"/>	**If you are a full paying delegate of the Congress and is a Fellow of the Academy of Medicine, Singapore, a BST/AST Trainee or a medical student of YLLSM/ Duke-NUS-GMS, you are entitled to attend the workshops for free.
		Both days (5 & 6 Aug) <input type="checkbox"/>		
B	Post-Congress Interventional Radiology Workshop: Back to Basics - Interventional Radiology Techniques and Imaging	Sun (9 Aug) <input type="checkbox"/>		
Overall Total:				

Payment by Bankdraft/ Cheque

Enclosed bankdraft/ cheque number: _____ of S\$_____ made payable to "Academy of Medicine, Singapore". Payment must be made in **Singapore Dollars** and drawn on a Singapore Bank.

Payment by Credit Card

Name of Credit Card Holder: _____ Credit Card Number: _____

Expiry Date: _____ Card Validation Number (last 3-digit number on signature strip on back of card): _____

Country: _____ Amount to be charged: _____ Signature: _____

Refund and Cancellation Policy

- Delegates should write in to the Secretariat should they wish to cancel their registration.
- 50% of the registration fees will be refunded for any cancellation made on or before 30 June 2009. There will be no refund for cancellations made after 30 June 2009.
- No refunds will be made for "No Shows".