5TH ISUOG OBSTETRIC ULTRASOUND OUTREACH COURSE

REGISTRATION FORM

DELEGATE DETAILS (Please type or print in block letters)

Title: Professor / Dato' / Dr / Mr / Ms / Mrs

First Name: _____ Last Name: _____

Institution: _____ Department: _____

Mailing Address: _____

City: _____ State: _____

Country: _____ Postal Code: _____

Occupation: _____ E-mail: _____

Telephone: _____ Fax: _____

(Please enter your country code followed by telephone number)

(Please enter your country code followed by fax number)

REGISTRATION FEES

Full Course	OGSS/COGS/ISUOG Members		Non-OGSS/COGS/ISUOG Members	
Doctors (For both overseas & local delegates)	❑	SIN$250.00	❑	SIN$300.00
ASTs / BSTs / Medical Officers (For local delegates only)	❑	SIN$150.00	❑	SIN$200.00
Radiographers/Sonographers	❑	SIN$150.00	❑	SIN$200.00

Day Registration	OGSS/COGS/ISUOG Members		Non-OGSS/COGS/ISUOG Members	
Day 1 – Saturday, 8 August 2009	❑	SIN$150.00	❑	SIN$200.00
Day 2 – Sunday, 9 August 2009	❑	SIN$150.00	❑	SIN$200.00

PAYMENT BY CHEQUE / BANKDRAFT

Cheque/bankdraft to be made payable to "KK Women's & Children's Hospital Pte Ltd". Please complete the registration form and return it together with payment to:

Ms Cindy Liew
Department of Maternal Fetal Medicine, KK Women's & Children's Hospital
100 Bukit Timah Road, Women's Tower, Level 7, Singapore 229899
(Tel: 65 6394 1001 or Fax: 65 6291 0128 or Email: Cindy.Liew.SY@kkh.com.sg)

PAYMENT BY CREDIT CARD (Please type or print in block letters)

[ ] Visa [ ] Mastercard

Name of Cardholder: _____ Signature of Cardholder: _____

Credit Card Number: | | | | | - | | | | | - | | | | | - | | | | |

Security Code: | | | | (a 3-digit number which indicated at the back of the credit card)

Expiry Date: _____ (MM/YY) Amount of Payment Authorised: SIN$_____

The organizing committee is pleased to offer a special discount for group registration (at least 8 participants). For enquiries, please e-mail: Esther.Low.PH@kkh.com.sg or fax: 65 6291 0128