**REGISTRATION FORM**

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| Please return completed form to:  **16th SSR-MSR Workshops in Rheumatology Secretariat**  **c/o events.360 2 Jalan Rajah #05-20 Singapore 329134**  **🕾 (65) 9105 8697 🖶 (65) 6886 9536 🖂 ssrmsr2015@gmail.com** | Early Bird Deadline Extended: **15 June 2015**  Deadline for Registration: **31 July 2015** |

Please fill in all the compulsory fields denoted by \*.

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| **REGISTRATION CATEGORIES** | | | | |
| **Categories** | **Early Bird Fee** **(on/before 15 June 2015)** | | **Standard Fee****(after 15 June 2015)** | |
| **SSR/MSR Member** | **Non Member** | **SSR/MSR Member** | **Non Member** |
| **MAIN MEETING (14 – 16 AUGUST 2015)** | | | | |
| Specialist | SGD 300 | SGD 350 | SGD 350 | SGD 400 |
| Trainee | SGD 200 | SGD 225 | SGD 225 | SGD 250 |
| Para-medical, Nurses & Allied Healthcare Professionals | SGD 200 | | SGD 225 | |
| Onsite | SGD 500 | | | |
| **PRE-WORKSHOPS (12 – 14 AUGUST 2015)** | | | | |
| 1st Cadaveric Interventional & Diagnostics Musculoskeletal Ultrasound Course  (12-14 August 2015) ***(Limited places only!)*** | SGD 1,000 | | SGD 1,200 | |
| Diagnostics Musculoskeletal Ultrasound Course Only (13-14 August 2015) ***(Limited places only!)*** | SGD 500 | | SGD 600 | |
| *\* Payment must be received on or before 15 May 2015 to enjoy the Early Bird rate. Organiser reserves the right to charge the Standard Fee after the*  *Early Bird Deadline*  \* *Due to limited places available, registration will only be confirmed upon receipt of full payment, on a first-come-first-served basis.*  *\* GST is not applicable for the above fees.* | | | | |

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| **DELEGATE’S PARTICULARS (complete in BLOCK CAPITALS)** | | | |
| \*Title (please tick) | Prof  A/Prof  Dr  Mr  Mrs  Ms | | |
| \*Family/ Last Name |  | \*First Name |  |
| \*Full Name(To be printed on Name Badge/ Certificate) |  | | |
| \*Institution |  | | |
| \*Designation |  | \***Department** |  |
| Address |  | | |
| \***Country** |  | **Postal Code** |  |
| \***Contact No.** | (Home)       (Office)       (Mobile) | | |
| \***Email Address** |  | | |
| **MCR No.** | **(For Singapore Registered Doctors ONLY)** | | |
| **Meal Preference** | None VegetarianOthers (Please specify) | | |

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| **PAYMENT OPTIONS** |

**CREDIT CARD**

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| An electronic invoice will be sent to you for payment via Credit Card.  *\*Kindly note that a 4.5% administration fee will be incurred.* |

**CHEQUE / BANK DRAFT**

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| (to be drawn on a bank in Singapore)  Cheque / Bank draft No.            with amount SGD            payable to “**SINGAPORE SOCIETY OF RHEUMATOLOGY**” is enclosed. |

**INVOICE TO**

|  |  |  |
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| Institution Name | : |  |
| Institution Address | : |  |
| Person In-Charge | : |  |

**TELEGRAPHIC TRANSFER**

I have remitted SGD       through            (Bank Name) to

|  |  |
| --- | --- |
| Name of Beneficiary: **Singapore Society of Rheumatology** |  |
| Account No.:  **024-007051-4** | Bank Code: **7171** |
| Name of Beneficiary Bank: **DBS Bank** | Branch Code: **024** |
| Address of Beneficiary Bank: **6 Shenton Way, DBS Building, Singapore 068809** | Swift Code: **DBSSSGSG** |

I have stated that the payment is for “**SSR-MSR 2015**”. Attached is a copy of the remittance advice.

***Kindly note that payment made by Telegraphic Transfer or Bank Draft should be made net of all bank charges and commissions. All payment has to be in SGD.***

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| **RECEIPT** |

Please provide the following details for Receipt purpose:

|  |  |
| --- | --- |
| \*Name / Organisation |  |
| \*Address |  |
| \*Contact Person |  |
| \*Contact Number |  |

**Cancellation Policy**

Any cancellation or replacement must be conveyed to the Organizer in writing. A cancellation fee of 50% of registration fee will be charged if the cancellation is received on or before **31 July 2015**. There will be no refund of registration fee for cancellations made after the respective deadlines as stated above. The Organiser reserves the right to modify the programme. Full refund will be made should the course be cancelled due to unforeseen circumstances and all refunds will be made after the event.