REGISTRATION FORM 8th NUS-SDA Distinguished Speaker Program



"TMD and Orofacial Pain" 12 - 14 April 2009

AMOUNT

Your Particulars NAME (IN BLOCK)		DCR No.	
····		20	
MAILING ADDRESS		COUNTRY OF RESIDENCE	
MOBILE NO	HOME NO.	EMAIL	
Registration Fees			
EVENTS			
	DATE	EARLY BIRD REGISTRATION (BEFORE 21 MARCH 2009)	REGISTRATION (AFTER 21 MARCH 2009)
 NUS-SDA Distinguished Speaker Program * 	12 April 2009	\$130 (Student Rate = \$40)	\$160 (Student Rate=\$60)
 Practicing TMD/Orofacial Pain in a world of Shifting	13 April 2009	\$180 (Student Rate = FOC)	\$220 (Student Rate = FOC
O TMD/Orofacial Pain Enters the Genomic Age (Public Lecture)	14 April 2009	FREE (Limited to 150 participants)	
	Total Fees		
Tick the box(es) you want to attent Fees is inclusive of 3 tea-breaks Wethod of Payment			
PLEASE CHECK ONE			
O CHEQUE (made payable to National U	niversity of Singapore)		
BANK/CHEQUE NO.		AMOUNT (S\$)	
O VISA / MASTERCARD* (delete acco	rdingly)		

SIGNATURE

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.Completing your Registration

MAIL TO

Dean's Office, Faculty of Dentistry
Level 3 National University Hospital
5 Lower Kent Ridge Road

Singapore 119074 Attn: Miss Wenie Chua FAX TO (65) 6779 6520

TEL TO (65) 6772 5343

All registrations must reach the secretariat latest by <u>31 March 2009</u>. Any cancellations have to be made in writing. A cancellation fee of \$50 will be charged for all cancellations requested on or before <u>31 March 2009</u>. There will be no refunds after 31 March 2009. Please photocopy this form should there be more than one participant. For any enquiries, please email <u>denwcbe@nus.edu.sq</u> or visit the Faculty website at <u>www.dentistry.nus.edu.sq</u> for more information.