

REGISTRATION FORM

3rd Edmund Tay Mai Hiong Distinguished Speaker Programme



Faculty of Dentistry

Sleep Medicine with a Focus on the Role of Oral Healthcare Professionals
NUCOHS Auditorium Level 9, National University Centre for Oral Health, Singapore

Your Particulars

NAME (IN BLOCK) DR/MR/MS		NRIC/FIN/UEN (REQUIRED FOR SINGAPORE TAX RESIDENT FOR TAX DEDUCTION PURPOSE)
MAILING ADDRESS		COUNTRY OF RESIDENCE
MOBILE NO	OFFICE NO	EMAIL

Registration Fees *

SYMPOSIUM			
PLEASE CHECK ONE	EARLY BIRD REGISTRATION (Before 15 February 2019)	REGISTRATION (Before 28 February 2019)	ON-SITE REGISTRATION
<input type="radio"/> DOCTOR / DENTIST * MCR / DCR No. _____	S\$600	S\$600	S\$600
<input type="radio"/> MEDICAL / DENTAL AUXILIARY	S\$140	S\$170	S\$200
<input type="radio"/> MEDICAL / DENTAL STUDENT	S\$100	S\$120	S\$150

*Note: The registration fees for Doctor/Dentist category will be used to cover the running cost of the Programme. The registration fees net of the running expenses will be donated to the Edmund Tay Mai Hiong Endowed Fund.

Singapore Tax residents are eligible for tax deduction of the full registration amount.

Method of Payment

PLEASE CHECK ONE		
<input type="radio"/> CHEQUE (made payable to National University of Singapore)		
BANK/CHEQUE NO	AMOUNT	
<input type="radio"/> VISA / MASTERCARD* (delete accordingly)		
CARDHOLDER NAME	CARD NO	EXPIRY DATE
AMOUNT	SIGNATURE	

Complete Your Registration

MAIL TO ETMH Distinguished Speaker Programme Secretariat OR EMAIL TO fodsymposium@nus.edu.sg
National University Centre for Oral Health, Singapore
Level 10 Dean's Office
9 Lower Kent Ridge Road, Singapore 119085

All registrations must reach the secretariat latest by **28 Feb 2019**. Any cancellations have to be made in writing. A cancellation fee of S\$50 will be charged for all cancellations requested on or before 28 Feb 2019. There will be no refunds after 28 Feb 2019. Please photocopy this form should there be more than one participant. For any enquiries, please email fodsymposium@nus.edu.sg or visit the Faculty website at www.dentistry.nus.edu.sg for more information.

Signature / Date: _____

(I/We agree that my/our gift is subject to NUS' Statutes and Regulations, and to its Standard Terms and Conditions for Gifts [as may be amended from time to time by the University], updated for compliance with the Personal Data Protection Act 2012.)