

REGISTRATION FORM

13th Faculty of Dentistry Symposium (Faculty/Adjunct Staff)



Faculty of Dentistry

“Pain: Inter – Connections in Dentistry and Medicine”

27 & 28 January 2018, Grand Copthorne Waterfront Hotel Singapore, Grand Ballroom

Your Particulars

NAME (IN BLOCK) DR/MR/MS		
MAILING ADDRESS		COUNTRY OF RESIDENCE
MOBILE NO	OFFICE NO.	EMAIL

Registration Fees

SYMPOSIUM	EARLY BIRD REGISTRATION (Before 31 Dec 2017)	REGISTRATION
PLEASE CHECK ONE		
<input checked="" type="checkbox"/> STAFF/ADJUNCT	S\$320	S\$380
DCR No. _____		

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	13 th Faculty of Dentistry Symposium Secretariat Faculty of Dentistry 11 Lower Kent Ridge Road Singapore 119083	OR	FAX TO	(65) 6779 6520
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All registrations must reach the secretariat latest by **10 January 2018**. Any cancellations have to be made in writing. A cancellation fee of S\$50 will be charged for all cancellations requested on or before **10 January 2018**. There will be no refunds after 10 January 2018. Please photocopy this form should there be more than one participant. For any enquiries, please email fdsymposium@nus.edu.sg or visit the Faculty website at www.dentistry.nus.edu.sg for more information.