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

“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

PLEASE CHECK ONE

EARLY BIRD REGISTRATION

REGISTRATION

☐ STAFF/ADJUNCT

DCR No. ____________________________

S$320

S$380

Method of Payment

PLEASE CHECK ONE

☐ CHEQUE (made payable to National University of Singapore)

BANK/CHEQUE NO.

AMOUNT

☐ VISA / MASTERCARD* (delete accordingly)

CARDHOLDER NAME

CARD NO.

EXPIRY DATE

AMOUNT

SIGNATURE

Complete your Registration

MAIL TO 13th Faculty of Dentistry Symposium Secretariat

OR    FAX TO (65) 6779 6520

Faculty of Dentistry
11 Lower Kent Ridge Road
Singapore 119083

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 fodsymposium@nus.edu.sg or visit the Faculty website at www.dentistry.nus.edu.sg for more information.