

REGISTRATION FORM

13th Faculty of Dentistry Symposium



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 1 Nov 2017)	REGISTRATION	ON-SITE REGISTRATION
PLEASE CHECK ONE			
<input type="radio"/> DENTIST DCR No. _____	S\$380	S\$450	S\$500
<input type="radio"/> DENTAL AUXILIARY DCR No. _____	S\$280	S\$300	S\$350
<input type="radio"/> DENTAL STUDENT MATRICULATION NO. _____	S\$230	S\$250	S\$300

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 **31 December 2017**. Any cancellations have to be made in writing. A cancellation fee of S\$50 will be charged for all cancellations requested on or before **31 December**. There will be no refunds after 31 December 2017. 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.