

# REGISTRATION FORM

## 13<sup>th</sup> Faculty of Dentistry Symposium

“Pain: Inter – Connections in Dentistry and Medicine”

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



Faculty of Dentistry

### 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	ON-SITE REGISTRATION
<input type="radio"/> <b>DENTIST/DOCTOR/CLINICIAN-SCIENTIST</b> DCR/MCR No _____	S\$380	S\$450	S\$500
<input type="radio"/> <b>DENTAL/MEDICAL AUXILIARY/ NURSING/ALLIED HEALTH</b> DCR/MCR No. _____	S\$280	S\$300	S\$350
<input type="radio"/> <b>FULL-TIME DENTAL/*MEDICAL/ NURSING/ALLIED HEALTH STUDENT MATRICULATION No.</b> _____ *PLEASE SUBMIT PROOF OF STUDENT STATUS AT REGISTRATION	S\$230	S\$250	S\$300

### Method of Payment

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

### Complete Your Registration

MAIL TO	13 <sup>th</sup> 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 [fodsymposium@nus.edu.sg](mailto:fodsymposium@nus.edu.sg) or visit the Faculty website at [www.dentistry.nus.edu.sg](http://www.dentistry.nus.edu.sg) for more information.