8th Wong Hock Boon Paediatric Masterclass & Pre-Masterclass Paediatric Sleep Workshop 23 – 25 Aug 2019 Registration Form

c/o Department of Paediatrics, Yong Loo Lin School of Medicine, National University of Singapore
NUHS Tower Block Level 12, 1E Kent Ridge Road, Singapore 119228
Fax: (65) 6779-7486 / Email: paev15@nus.edu.sg

☐ Prof	☐ Assoc Prof	☐ Asst Prof	☐ Dr	☐ Mr	☐ Ms	☐ Mrs	☐ Mdm
Full Name: (**Underline** Family Name)							
I require a Certificate of Attendance:	☐ No ☐ Yes		If yes, pls indicate:		☐ Hard copy ☐ Digital copy		
Name to appear on Certificate of Attendance:							
Organisation / Institution:	☐ NUH Paediatrics ☐ NUHS (Pls indicate institution :_____) ☐ Others : _____						
Mailing Address:							
Country / Region:				**Postal Code:**			
E-mail:					**Contact No:**		
MCR/SNB/PRN NO: (Indicate NA if not applicable)				**Fax No:**			
I am attending:	☐ 23 Aug Pre-Masterclass workshop				☐ 24 Aug ☐ 25 Aug		

REGISTRATION FEES (ALL RATES QUOTED IN SGD / RATES INCLUSIVE OF WORKSHOP & MASTERCLASS)

REGISTRATION CATEGORY	EARLY REGISTRATION (Registration & payment must be made before 15 July 2019)	STANDARD REGISTRATION (Registration & payment to be made 16 July 2019 onwards)	ON-SITE REGISTRATION (Payment in cash only)
For participants with exception of #	☐ SGD270	☐ SGD325	☐ SGD380
# For NUHS STAFF / SPS members	☐ SGD215	☐ SGD260	☐ SGD300
Nursing / Allied Health professionals	☐ SGD60	☐ SGD70	☐ SGD80

PAYMENT OPTIONS (Select one option; payment of registration fee must accompany this form. Please take note that you are **not registered until payment is made.)**

☐	Singapore cheque / bank draft enclosed (Payable to **National University of Singapore** in Singapore Dollars). All bank charges must be paid at source.

☐	CREDIT CARD (please tick one)	☐ VISA	☐ MASTERCARD

Card Member's Name:

Card Number:	Expiry Date: (MM/YY)

I hereby authorise National University of Singapore to charge my VISA / Mastercard for the total payment of

SGD $_____ on behalf of Department of Paediatrics, Yong Loo Lin School of Medicine, National University of Singapore. (Please note that '**National University of Singapore**' will appear on your bank statement)

_____   _____
Signature (as per credit card)   Date

Payment & Registration Information
- Payment / payment details must accompany this form.
- To avoid duplicate registrations, do not mail the original registration form if you have emailed / faxed the Form earlier. **Please note to print, sign, scan, fax or email the form to us.**
- For information on your registration status, please contact Ms Patricia Chiang at paev15@nus.edu.sg.

Cancellations & Refunds
- Cancellations must be submitted in writing to Patricia Chiang at paev15@nus.edu.sg before the course
- Refund schedule:
  - ° Cancellation before/on 26 July 2019: Refund with 50% deduction for administrative purposes
  - ° Cancellation after 26 July 2019: Refund with 30% deduction for administrative purposes
- All refunds will be processed after the conference
- No refunds for cancellation will be given after 16 August 2019
- Replacement of participants will be accepted at no extra charge provided a written request is submitted to Ms Patricia Chiang at paev15@nus.edu.sg by 16 August 2019

Catering & Dietary Preference
Please indicate dietary preference. Kindly note that all meals are Halal-certified.

☐ None   ☐ Vegetarian

Agreement to Terms and Conditions
I wish to register for the 8th Wong Hock Boon Paediatric Masterclass. I accept all the above guidelines and agree that the organisers may collect, use and disclose the data that I have provided for the purpose of processing and administering the application for this event.

_____   _____
Registrant's Signature   Date

Please send the completed form along with the full payment to:

8th Wong Hock Boon Paediatric Masterclass
c/o Department of Paediatrics
Yong Loo Ling School of Medicine, National University of Singapore
NUHS Tower Block Level 12, 1E Kent Ridge Road
Singapore 119228
Attn: Ms Patricia Chiang / Email: paev15@nus.edu.sg