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| **REGISTRATION FORM** |
| **Delegate’s Information** Salutation : [ ]  Prof [ ]  A/Prof [ ]  Dr [ ]  Mr [ ]  Mrs [ ]  Mdm [ ]  MsName :        (Please print in CAPITALS and underline your Family/Last Name)MCR No. :       (For Singapore Registered Doctors Only) Designation :       Department :       Institution :       Country :       Mailing Address :              Contact Number : (      )      Fax: (     )      Email Address :       SSH Member : [ ]  Yes [ ]  No |

**Hotel Reservation**

For overseas participants, kindly let us know if you would like us to arrange your accommodation at **Mandarin Orchard Singapore** at **$265++ per night, without breakfast.**

Hotel Reservation at Mandarin Orchard Singapore: [ ]  Yes [ ]  No [ ]  Not Applicable

If Yes, kindly assist to provide the following details.

Name (as in passport) :

Check-In Date :

Check-Out Date :

**Registration Notes**

1. Your registration will only be confirmed upon receiving a confirmation email from the secretariat.
2. Registration date closes on **12th September 2016**. The organizing committee regrets that submissions received after this date will not be entertained.