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| **REGISTRATION FORM** |
| **Delegate’s Information**  Salutation :  Prof  A/Prof  Dr  Mr  Mrs  Mdm  Ms  Name :  (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.