



PARTNERSHIP RESPONSE FORM

Yes! My company/organisation wishes to be part of the 12th APMEC 2015

A. Contribution in cash :

Amount : SGD _____

B. Contribution(s) in kind :

Product(s) : _____

Service(s) : _____

Estimated cash value SGD : _____

C. Trade Exhibition (6 & 7 February 2015) at University Cultural Centre (UCC) :

Trade Booth : SGD2,500 (including GST) - 3m (D) x 2m (W) booth, 1 table (5ft by 2ft), 2 chairs and std company name on booth will be provided.

Table Top Display : SGD1,000 (including GST) - 1 table with skirting (5ft by 2ft), 2 chairs, and name tent with company name will be provided.

Set up & tear down time to be advised nearer the date.

The organisers will not be responsible for any damages or loss to the properties of the exhibitors.

D. Enquiries :

We wish to arrange for a meeting to know how we can be part of the 12th APMEC 2015 : -

Preferred Meeting Date and Time :

Date : _____ Time: _____

Venue : Medical Education Unit, Yong Loo Lin School of Medicine, NUS

Company/Organisation: _____

Company Name to be printed in Conference Handbook:
(Please keep it within 2 lines) _____

Contact Person : _____ Designation : _____

Tel (DID) : _____ Mobile : _____

Email : _____



Payment Methods:

Please make sure your payment reach us by 3rd Nov 2014 otherwise we will not be able to acknowledge the name of your company in our conference handbook.

Payment Option 1: Cheque / Draft

Please make your cheque / draft payable to "National University of Singapore". On the reverse side, please indicate (12th APMEC 2015 – Trade Exhibition).

Payment Option 2: Credit Card

Please fill attached form on page 3 and mail/fax/email the form to the address listed below.

Payment Option 3: Invoice

Invoice to attn to: _____

Email: _____

Tel: _____

Billing Address: _____

Mailing Address: _____

Please send completed form and payment to:

The Conference Secretariat
Medical Education Unit (MEU),
Dean's Office, Yong Loo Lin School of Medicine,
NUHS Tower Block, Level 11, 1E Kent Ridge Road
Singapore 119228

DID: (65) 6516 1048 Fax: (65) 6872 1454

Email: apmec@nuhs.edu.sg

CANCELLATION POLICY

Any cancellation or replacement must be conveyed to the Organiser in writing. A cancellation charge of 50% fee will be levied if the cancellation is received on or before 2nd Nov 2014. There will be no fee refund if the cancellation is received on/after 3rd Nov 2014.



CREDIT CARD PAYMENT FORM

Salutation :

Dr Prof A/Prof Mr Mdm Ms (please "√" to indicate)

Family Name:

Given Name:

Total Amount (please circle the correct amt):

SGD 1,000 / SGD 2,500

Credit Card Type:

Visa Mastercard (please "√" to indicate)

Cardholder Name:

(as shown in credit card)

Card Number:

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Card Expiry Date:

Signature:

Please fax or send your credit card details to:
Medical Education Unit (MEU), Dean's Office, Yong Loo Lin School of Medicine,
NUHS Tower Block, Level 11
1E Kent Ridge Road, Singapore 119228
Attn: Ms Emily Loo/ Ms Jennifer See
Tel: (65) 6516 1048 / (65) 6516 2332 Fax: (65) 6872 1454 Email: apmec@nuhs.edu.sg