

Delegate's Particulars (Complete in **BLOCKS LETTERS**)

Given Name

Surname

MCR No (For local only)

Name on Certificate

Email

Contact No

Institution Details

Institution

Department

Mailing Address

Postal Code

Country

Telephone

City/ State

Program Registration

Category	Early By May 31, 2018	Regular By June 30, 2018	One Day	Half Day
Residents	<input type="checkbox"/> SGD250	<input type="checkbox"/> SGD300	<input type="checkbox"/> SGD150	<input type="checkbox"/> SGD 80
Allied Health	<input type="checkbox"/> SGD100	<input type="checkbox"/> SGD150	<input type="checkbox"/> SGD80	<input type="checkbox"/> SGD40

**All prices stated above are inclusive of GST*

Terms of payment

- All payment must be made in Singapore Dollars (SGD). Payments can be made by cash/cheque/telegraphic transfer and should be made nett of all bank charges (local and oversea) and commissions
- Registration will only be valid upon receipt of the full payment
- Outstanding payments will be collected on-site. A copy of the bank transfer (or other proof of payment) will be required in the event that the Registration fees were not credited to the Workshop account on time.
- Receipt of payment will be issued onsite
- The deadline for credit card payment is by June 23rd, 2018.
- The organizers reserved the rights to close the registration when we consider the number of delegates has exceeded the threshold

Payment Options**Cheque (local registrants)** Singapore cheques only

Cheque No _____, Bank name _____

for SGD _____ payable to " National University Hospital (S) Pte Ltd " is enclosed

Please write RadioPath July 2018 on the back of the cheque and your name and contact number, as applicable

Bank Draft / Telegraphic Transfer (overseas registrants) I have remitted SGD _____ through _____ (Bank name) to account listed below:

Beneficiary's Name : National University Hospital (S) Pte Ltd

Beneficiary's Account No: **0-820551-036**Beneficiary's Bank: **Citibank N.A.**SWIFT Code: **CITISGSG**Branch code: **001**Bank Code: **7214**

I have stated that the payment is for RadioPath July 2018

Please indicate Registrant Name, and Contact Number clearly, Upon completion of the transfer, please email a copy of remittance advice with your name to the Secretariat at julia_kh_ong@nuhs.edu.sg for tracking purposes. Credit Card Authorization **The deadline for credit card payment is by 23rd June 2018.**

I hereby authorize payment for registration fee of SGD _____

Credit Card to Guarantee: AMEX / VISA / MASTERCARD / DINERS (please select)

Cardholder Name: _____

Credit Card Number:

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Expiry date:

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Singnature (as per credit card): _____

Credit card must be presented on the date of event for verification purposes.

Instruction to NUH Finance: To credit to fund no: NBDT04DDIS01

Cancellation Policy

There will be no refund of registration fee for cancellations.

Please send the completed registration form by mail (with cheque if applicable) to:

Attn: Julia Ong**National University Hospital****Department of Diagnostic Imaging @ Main Building Level 2****5 Lower Kent Ridge Road, Singapore 119074****Enquiries**radiopath@nuhs.edu.sg