Venue: NUHS Tower Block

Level 6 T06-03

Delegate's Particulars (Complete in BLOCKS LETTERS)					
Surname					
Given Name					
MCR No (For local only)	 -				
Email					
			 		
Contact No					
				$\overline{}$	
			_		
Institution Details Institution					
Donartmont					
Department			 		
Mailing Adress					
Postal Code		Count	ry		
Telephone		City/ S	tate		
			<u> </u>		
Program Registration Category	Early Ends 30 June 2019	Full Course Ends 19 July 2	One Day 019	Half Day	
Residents	SGD200	SGD250	SGD130	SGD 80	
* For half day, please indcate the session. Saturday 8:30am - 12:45pm Saturday 12:45pm - 3:45pm Sunday 8:30am - 12:45pm *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 <u>full payment</u> 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 19 July 2019. The organizers reserved the rights to close the registration when we consider the number of delegates has exceeded the threshold 					

Payment Options

27 & 28 July 2019

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Level 6 T06-03

	Cheque (local registrants)					
	Sinagpore cheques only					
	Cheque No,Bank name					
	for SGD payable to " National University Hospital (S) Pte Ltd " is enclosed					
	Please write RadioPath July 2019 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 2019					
	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 <code>julia_kh_ong@nuhs.edu.sg</code> for tracking purposes.					
	Condition Condition to the Condition of					
	Credit Card Authorization The deadline for credit card payment is by 19 July 2019.					
	I hereby authorize payment for registration fee of SGD					
	Condit Condit Consequence AMEN (MICA (AMACTERCARD (RINERS))					
	Credit Card to Guarantee: AMEX / VISA / MASTERCARD / DINERS (please select)					
	Cardholder Name:					
	Caldifolder Name.					
	Credit Card Number: Expiry date:					
	Expiry dute.					
	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					
Ca	ncellation Policy					
The						
1116	ere will be no refund of registration fee for cancellations.					
Ple	ase send the completed registration form by mail (with cheque if applicable) to:					
Attn: Julia Ong						
National University Hospital						
De	partment of Diagnostic Imaging @ Main Building Level 2					
5 L	ower Kent Ridge Road, Singapore 119074					

Enquiries

radiopath@nuhs.edu.sg