

# 2<sup>nd</sup> PRIMER IN PEDIATRIC NEPHROLOGY FOR ASIA, SINGAPORE

## 19 – 22 August 2015

### REGISTRATION FORM

c/o Department of Paediatrics, Yong Loo Lin School of Medicine, National University Health System  
 KTP-National University Children's Medical Institute, NUHS Tower Block, Level 12, 1E Kent Ridge Road, Singapore 119228  
 Fax: (65) 6779-7486 / Tel: (65) 6772-1718 / Email: [ckc\\_enquiries@nuhs.edu.sg](mailto:ckc_enquiries@nuhs.edu.sg)

#### PERSONAL PARTICULARS (PLEASE PRINT IN CAPITAL LETTERS)

Prof     Assoc Prof     Asst Prof     Dr     Mr     Ms     Mrs

First Name:		Last Name:	
Organization / Institution:		Department:	
Mailing Address:			
Country:		Postal Code:	
E-mail:		Contact Tel No:	Fax No:

(International attendees, please include country and city code for phone and fax)

#### REGISTRATION FEES (ALL RATES QUOTED IN SGD)

	Early Registration Fee before 30 June 2015		Standard / On-site Registration Fee 1 July 2015 onwards		Total Amount (SGD)
	Course Fee	Dialysis Workshop	Course Fee	Dialysis Workshop	
Registration Fee (Per Person)	SGD 180 <input type="checkbox"/>	SGD 80 <input type="checkbox"/>	SGD 225 <input type="checkbox"/>	SGD 125 <input type="checkbox"/>	

#### PAYMENT OPTIONS (select one option - payment of registration fee **must** accompany this form. You are NOT registered until payment is made).

Local cheque / bank draft enclosed (Payable to **National University of Singapore** in Singapore Dollars). All bank charges must be paid at source.

CREDIT CARD [please select one]       VISA       MASTERCARD

Card Member's Name: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ (MM/YY)

I hereby authorize National University of Singapore to charge my **visa / mastercard\*** for the total payment of SGD\$\_\_\_\_\_ on behalf of Department of Paediatrics, School of Medicine, Yong Loo Lin School of Medicine, National University Health System. Please note that '**National University of Singapore**' will appear on your bank statement.

Signature (as per credit card) \_\_\_\_\_

Date \_\_\_\_\_

#### Additional Information

- Payment must accompany this form.
- To avoid duplicate registrations, do not mail the original Registration Form if you have faxed the Form earlier. **Please note to print, sign, scan or fax or email the form to us.**
- For information on your registration, please contact secretariat at [ckc\\_enquiries@nuhs.edu.sg](mailto:ckc_enquiries@nuhs.edu.sg) or Tel: (65) 6772-1718 / 6772-4408.

#### Cancellations & Refunds

- Cancellations must be submitted in writing to the secretariat : [ckc\\_enquiries@nuhs.edu.sg](mailto:ckc_enquiries@nuhs.edu.sg)
- **Refund schedule:** cancellation before/on 30 June 2015 – Refund with 56% deduction for administrative fee. Cancellation after 30 June 2015 – Refund with 30% deduction for administrative fee.
- All refunds will be processed after the conference.
- **No refunds will be given after 1 July 2015.**
- Replacement of participants will be accepted at no extra charge provided a written request is submitted to the secretariat at [ckc\\_enquiries@nuhs.edu.sg](mailto:ckc_enquiries@nuhs.edu.sg) by 1 July 2015.

#### For catering purposes, please tick dietary preference:

No preference       Halal       Vegetarian

**Agreement to terms and conditions:** I wish to register for the 2<sup>nd</sup> Primer in Pediatric Nephrology for Asia, Singapore and acknowledge the registration terms including the cancellation policy.

Registrant's signature \_\_\_\_\_

Date \_\_\_\_\_

Organised by:



Supported by:



Singapore Society of Nephrology



Asian Pediatric Nephrology Association (AsPNA)

