



40TH ANNUAL SCIENTIFIC MEETING
2 – 4 November 2017, Grand Copthorne Waterfront Hotel

Registration Form

Singapore Orthopaedic Association

11 Keppel Road, ABI Plaza, #09-01, Singapore 089057

Tel: +65 6389 7835 Fax: +65 6372 1793 Email: secretariat@soa.org.sg

REGISTRATION DETAILS

Participant

(√) Please tick accordingly

Prof Dr Mr Ms

Family Name _____ Given Name _____

MCR No. _____ Email _____

Department & Institution _____

Correspondence Address _____

Postal Code _____ Country _____

Telephone No. _____ (office) _____ (mobile)

REGISTRATION FEES (in Singapore Dollars)

MAIN MEETING	Early Registration till 15 Aug 2017	Standard & On-site Registration from 16 Aug 2017
SOA Ordinary & Senior Member	<input type="checkbox"/> \$600	<input type="checkbox"/> \$700
SOA Associate Member	<input type="checkbox"/> \$400	<input type="checkbox"/> \$500
APSFAS Member	<input type="checkbox"/> \$700	<input type="checkbox"/> \$800
Medical Student/ Nurse / Allied Health	<input type="checkbox"/> \$400	<input type="checkbox"/> \$500
Trainee (ASEAN Countries) <i>A certified letter from the institution is required</i>	<input type="checkbox"/> \$400	<input type="checkbox"/> \$500
Overseas Delegate	<input type="checkbox"/> \$800	<input type="checkbox"/> \$900
PRE-MEETING WORKSHOPS		
ONE Day Workshop	<input type="checkbox"/> \$1,200 Please specify day: _____ Day 1 (Tue) 31 Oct _____ Day 2 (Wed) 1 Nov	
TWO Days Workshop	<input type="checkbox"/> \$1,800 (31 Oct and 1 Nov)	
Two Days Workshop + Main Meeting	<input type="checkbox"/> \$2,200 (31 Oct and 1 Nov + Main Meeting 2-4 Nov)	



Singapore
Orthopaedic
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PAYMENT

Cheque no. _____ Bank: _____ for S\$ _____ being payment of registration fee. Cheque should be made payable to **“Singapore Orthopaedic Association”**.



VISA



MASTERCARD



AMERICAN EXPRESS

Credit Card Number _____

Expiry Date: _____ (mm-yy) Amount paid via Credit Card _____

Name of Cardholder: _____

Citystate Travel Pte Ltd acts on behalf of **Singapore Orthopaedic Association** to handle all fee collections.

All credit cards charges will be made through the merchant name **“Citystate Travel Pte Ltd”**

Date: _____ Signature: _____