

REGISTRATION FORM Closing Date: 29 October 2018 | Fax: (65) 6278 6193 | Email: nhccme@nhcs.com.sg

Salutation <input type="checkbox"/> Mr <input type="checkbox"/> Ms		Click here to enter text. <small>CAP SURNAME (Last Name)</small>		Click here to enter text. <small>First Name (Given Name)</small>	
Institute and Department:		Click here to enter text.			
Designation		Click here to enter text.			
Address:		Click here to enter text.			
Click here to enter text.					
Phone: Click here to enter text.		Mobile: Click here to enter text.		Email (Mandatory for Communications Purposes) Click here to enter text.	
Profession: <input type="checkbox"/> Cardiac Technicians <input type="checkbox"/> Nurse <input type="checkbox"/> Radiographers <input type="checkbox"/> Others, please specify Click here to enter text.					
Specialisation: Choose a specialty					
<input type="checkbox"/> I consent to National Heart Centre Singapore and its related corporations (collectively 'SingHealth'), their agents and SingHealth's authorised service providers to collecting, using, disclosing and/or processing my personal data, in order to send me marketing materials on upcoming events. When I like to stop receiving event updates from NHCS, I will email nhccme@nhcs.com.sg . I confirm and agree that my consents granted herein do not supersede or replace any other consents which I may have previously provided to SingHealth in respect of my personal data, and are additional to any rights which SingHealth may have at law to collect, use or disclose my personal data. By providing the information set out in this form and submitting the same to you, I confirm that I have read, understood and consent to the SingHealth Data Protection Policy, a copy of which is available at http://www.singhealth.com.sg/pdpa . Hard copies are also available on request.					
REGISTRATION FEES Amount is inclusive of 7% Goods and Services Tax (GST)					
<input type="checkbox"/> \$3350.00					
METHOD OF PAYMENT Registration is confirmed upon full payment					
<input type="checkbox"/> By CREDIT CARD I hereby authorise the APEP Workshop Secretariat to charge the total amount of SGD 350 to my <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA Cardholder's Name (as on credit card): Click here to enter text. Cardholder's Signature: Click here to enter text. Credit Card Number: Click here to enter text. Expiry Date (mm/yy): Click here to enter text.					
<input type="checkbox"/> By INVOICE Bill to (Company & Contact Person): Click here to enter text. Mailing Address: Click here to enter text.					
<input type="checkbox"/> By CHEQUE (Only cheques from Singapore banks are accepted) Please make cheque payable to ' National Heart Centre of Singapore Pte Ltd ' and indicate " APEP Workshop 2018 " to National Heart Centre Singapore, c/o Corporate Development, National Heart Centre Singapore, c/o Corporate Development, 5 Hospital Drive (S)169609					

CANCELLATION/REPLACEMENT POLICY: Request for cancellation/replacement must be made in writing to nhccme@nhcs.com.sg by **29 October 2018**. The Organising Committee regrets that requests for cancellation and refund received after this date will not be entertained. All refunds (if applicable) less 50% for administrative charges will be issued after the event. All nomination for replacement should be made in writing to nhccme@nhcs.com.sg by **29 October 2018**.
NOTICE: The organizer reserves the right to change event dates, location and programme of the course without penalty. National Heart Centre assumes no liability whatsoever if the event is changed, postponed, or cancelled due to unforeseen circumstances that will render the event impracticable or impossible. Unforeseen circumstances include but not limit to Act of God, disaster, civil disturbances, act of terrorism, curtailment on transport facilities or any other emergency or perceived threat.