

REGISTRATION FORM

SINGAPORE NEONATAL RESUSCITATION COURSE PROVIDER PROGRAMME THURSDAY, 4 APRIL 2019

This registration form should reach us by **25 February 2019**. As places are limited, we strongly encourage you to register early. Please email your registration to pgmi.courses@sgh.com.sg

Please tick

☐

Prof

☐

Dr

☐

Mr

☐

Ms

Full Name

(to be reflected on certificate) _____

MCR No. (Doctor) OR

SNB No. (Nurse) _____

Job Designation _____

Department _____

Institution _____

Tel _____

Mobile _____

Email _____

User ID (SingHealth) _____

I would like to make payment of

☐

SGD 280.00 (SingHealth)

☐

SGD 380.00 (Non-SingHealth)

Inclusive of 7% GST by

☐

Cash (Please make cash payment at SGH-PGMI, Academia Level 2, Education Office,
20 College Road, Singapore 169856)

☐

Cheque (Please make cheque payable to "Singapore General Hospital Pte Ltd")

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 <https://www.sgh.com.sg/about-us/Pages/PDPA.aspx>

CANCELLATION POLICY

Any cancellation or replacement must be conveyed to the Organiser in writing. 50% of the fee will be levied as cancellation charges if the cancellation is made before the closing date. There will be no refund if the cancellation is made thereafter.

For enquiries, please contact:

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