REGISTRATION FORMClosing Date: 22 February 2019 | Fax: (65) 62786193 I Email: [nhccme@nhcs.com.sg](mailto:nhccme@nhcs.com.sg)

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| Prof  A/Prof  Dr  Mr  Ms | | |  |  |
|  | | | *CAP SURNAME (Last Name)* | *First Name (Given Name)* |
| **Institute and Department:** | | |  | |
| **Designation** | | |  | |
| **Address:** | | |  | |
|  | | |  | |
| **Phone:**  **Mobile:** | **MCR/Nursing/Pharmacist Registration No** *(Mandatory)*:  **Email** *(Mandatory)*: | | | |
| **Profession:** Choose an item. | | **Specialisation:** Choose an item. | | |
| 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](mailto: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. | | | | |

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| **REGISTRATION FEES** *Prices are inclusive of GST. Confirmation will be sent via email upon full payment. Limited seating, first come first serve. Registration fee is non-refundable upon confirmation.* | | |
| **Physician**  SGD55.00 nett | **Nurses and Allied Health Professionals**  SGD45.00 nett | **Drs-in-Training and Students**  SGD28.00 nett |
| **METHOD OF PAYMENT** *Registration is confirmed only upon full payment* | | |
| By **CREDIT CARD**  I hereby authorise the Course Secretariat to charge the total amount of SGD       to my  AMERICAN EXPRESS  MASTERCARD  VISA  Cardholder’s Name (as on credit card):  Credit Card Number:       Expiry Date (mm/yy):  Cardholder’s Signature: | | |
| By **INVOICE** | | |
| Bill to (Company & Contact Person): | | |
| Mailing Address: | | |
| By **CHEQUE** *(Only cheques from Singapore banks are accepted)*  Please make cheque payable to ‘**National Heart Centre of Singapore Pte Ltd**’ and indicate **“Basic ECG Course 2019**” on the reverse side. Mail to **ECG Course Secretariat, National Heart Centre Singapore,** **c/o Corporate Development, 5 Hospital Drive, Singapore 169609** | | |

**CANCELLATION/REPLACEMENT POLICY:** Request for replacement and cancellation must be made in writing to [**nhccme@nhcs.com.sg**](mailto:nhccme@nhcs.com.sg) by **22 February 2019**. 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. **NOTICE:** The organizer reserves the right to cancel the event or change event dates, location and programme of the course without penalty. NHCS assumes no liability whatsoever if the event is changed, postponed, or cancelled due to unforeseen circumstances that will render the event impracticable or impossible.