**REGISTRATION FORM** Closing Date: **31 May 2019** | Fax: (65) 6278 6193 I Email: [nhccme@nhcs.com.sg](mailto:nhccme@nhcs.com.sg)

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| Saluatation  Dr  Mr  Ms |  | |  |
|  | *CAP SURNAME (Last Name)* | | *First Name (Given Name)* |
| **Institute and Department:** |  | | |
| **Designation** |  | | |
| **Address:** |  | | |
|  |  | | |
| **Phone:**  **Mobile:** | | **Email** (*Mandatory for Communications Purposes):*  **Singapore MCR/ SNB No. (if applicable):** | |
| **Profession:** Physician  Nurse Allied Health Medical/Nursing students Others: | | | |
| **Specialisation:** Choose a specialty | | | |
| 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** *Amount is inclusive of 7% Goods and Services Tax (GST)* | |
| **Physician**   **SGD 70.00** | **Nurses / Allied Health / Student(Medical/Nursing):**  **SGD 50.00** |
| **METHOD OF PAYMENT** *Registration is confirmed upon full payment* | |
| By **CREDIT CARD**  I hereby authorise the ECMO Symposium 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 “**ECMO Symposium 2019**" 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:** The Organising Committee regrets that requests for cancellation will not be entertained after registration is confirmed. Request for replacement must be made in writing to [**nhccme@nhcs.com.sg**](mailto:nhccme@nhcs.com.sg) by **31 May 2019.** **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.