REGISTRATION FORMClosing Date: 15 April 2019 | Fax: (65) 6278 6193 I Email: [nhccme@nhcs.com.sg](mailto:nhccme@nhcs.com.sg)

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| Dr  Mr  Ms | |  | | |  |
|  | | *CAP SURNAME (Last Name)* | | | *First Name (Given Name)* |
| **Institute and Department:** | |  | | | |
| **Designation** | |  | | | |
| **Address:** | |  | | | |
|  | |  | | | |
| **Phone:**  **Mobile:** | | | **MCR No** *(Mandatory)*:  **Email** *(Mandatory)*: | **Specialisation:**  Internal Med  Family Med  Other (pls specify): \_\_\_\_\_\_\_\_\_\_ | |
| **Gender**  M F | **When will you be taking the PACES Exam?:**  June 2019October 2019Not decidedNot taking PACES | | | | |
| 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** *Confirmation will be sent via email upon full payment. Limited seats, first come first served. Applications are subject to internal review and spaces will be allocated accordingly. Registration fee is non-refundable upon confirmation.* | |
| **Registration Fee** SGD280.00 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 **CHEQUE** *(Only cheques from Singapore banks are accepted)*  Please make cheque payable to ‘**National Heart Centre of Singapore Pte Ltd**’ and indicate **“14th PACES for Cardiology 2019**” on the reverse side. Mail to **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 **15 April 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.