**REGISTRATION FORM** Closing Date: 2 November 2018 Fax: (65) 6278 6193 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 Reg no.:** | | | **Email** (*Mandatory)* |
| **Profession:** Choose a profession | | | **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**  ****SGD150.00 | **Fellows / Residents / Drs-in-Training**  ****SGD80.00 | **Nurses/ Allied Health Professionals**  SGD50.00 |
| **METHOD OF PAYMENT** *Registration is confirmed upon full payment* | | |
| By **CREDIT CARD**  I hereby authorise the Coronary Care Symposium 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**  Please make cheque payable to ‘**National Heart Centre of Singapore Pte Ltd**’ and indicate **“Cardiac Morphology Course: ACH**” 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 cancellation/replacement must be made in writing to [nhccme@nhcs.com.sg](mailto:nhccme@nhcs.com.sg) by 2 November 2018. The Organising Committee regrets that requests for cancellation and refund received after this date will not be entertained. All applicable refunds, 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](mailto:nhccme@nhcs.com.sg) by 2 November 2018 after this date will not be entertained.

**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.