



REGISTRATION (Closing date for registration: 22 October 2010)

- Complete this form in CAPITAL letters. Your name will be printed on all conference material in the order as indicated on the form.
- Please photocopy if additional forms are needed.
- Congress seats will be available on a first-come, first-served basis.
- Registration will only be confirmed after payment has been received.
- All cheques and drafts are to be made payable to the "National Healthcare Group Pte Ltd" in Singapore Dollars.
- Notification of cancellation must be sent in writing to the Organising Secretariat. 75% of fees will be refunded for notifications received on or before 1 September 2010.
- No refunds for requests received after 1 September 2010. However, a substitute delegate may be nominated, upon secretariat approval.
- Please return this form together with your payment to:
National Healthcare Group Eye Institute 3rd International Ophthalmology Congress
 NHG Eye Institute
 Tan Tock Seng Hospital
 11 Jalan Tan Tock Seng, Annex Block, North Wing, Level 4,
 Singapore 308433
 Tel: (65) 6357 7735 Fax: (65) 6357 7649 Email: ioc@nhg.com.sg
 Website: www.tei.nhg.com.sg

REGISTRATION FEES

NHG Eye Institute 3rd International Ophthalmology Congress (17 - 18 November 2010)

	Ophthalmologists	Doctors in Training* / Undergraduates / Fellows* / Paramedical Staff**
Before 17 Sep 10	<input type="checkbox"/> S\$200	<input type="checkbox"/> S\$80
After 17 Sep 10	<input type="checkbox"/> S\$350	<input type="checkbox"/> S\$150

(Congress Fee excludes workshop fees)

Note:
 Congress Venue
 16 November 2010 - Tan Tock Seng Hospital
 17 - 18 November 2010 - Suntec Singapore International Convention & Exhibition Centre

* Certification by Head of Department is required.
 ** Paramedical Staff include Nurses, Optometrists, Opticians, Orthoptists, Ophthalmic Photographers / Technicians and Research Scientists.

NHG Eye Institute 3rd International Ophthalmology Congress Workshops (16 November 2010)

Delegates are required to register for the main congress to participate in the workshops. Registration for workshops only will not be accepted.

- LASIK Microkeratome And Femtosecond Laser Course** **S\$2,000**
(Limited to 20 participants only)
- Paediatric RetCam Workshop** **S\$50**
- Paediatric Cataract Workshop** **S\$50**
- Corneal Topography With Galilei Dual Scheimpflug Analyzer** **Free**

Note:
 Workshop Venue - Tan Tock Seng Hospital

PERSONAL PARTICULARS

Title: (please tick) Prof Dr Mr Mdm Ms

Name: _____ MCR No: _____
(If applicable)

Address: _____

Country: _____ Nationality: _____ NRIC No / Passport No: _____

Tel No: (Office) _____ (HP) _____ Fax No: _____

Company / Institution: _____ Email: _____

METHOD OF PAYMENT

I enclosed a cheque / bank draft for the sum of S\$ _____
 (made payable to the "National Healthcare Group Pte Ltd").
 Note: Only cheques / bank drafts in Singapore Currency will be accepted.

Please debit the sum of S\$ _____ from my VISA MasterCard
 Card Number - - -

 Expiry Date (mm/yy) Name of Card Holder Authorised Signature of Card Holder

DECLARATION

Certification of Resident / Trainee / Fellow Status

I, _____ (Name of Head of Department), hereby certify that the above-named registrant is a Resident / Trainee / Fellow in my department.

 Name of Hospital / Institution Signature of Head of Department Date
 (Official Stamp of Institution)

For Official Use Only

Date Received: _____ **Amount Received:** _____

Receipt No: _____ **Registration No:** _____

Processed By: _____ **Date Acknowledged:** _____