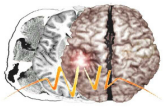

# 17th Advanced Neuroradiology Course: 5 - 6 October 2017
# 3rd Interventional Neuroradiology Workshop: 4 October 2017

**Venue: Theatrette, Level 1, Tan Tock Seng Hospital, Singapore 308433**

## REGISTRATION FORM

PLEASE **WRITE** CLEARLY and complete the form in **BLOCK** letters with **PAYMENT** to:
**Course Secretariat, 17th Advanced Neuroradiology Course**
Department of Neuroradiology, National Neuroscience Institute (NNI)
11 Jalan Tan Tock Seng, Singapore 308433
**Tel**: (65) 63577057 / (65) 63577033
You can send your **completed registration form** by email to: sin_leong_tien@nni.com.sg or Fax to: (65) 63581259

Title: Prof / Dr / Mr / Mrs / Ms (Please circle)

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Surname / Family name | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Name | | | | | | | | | | | | | | | | | | | | | | | | | |

Institution: _____ Designation & Department: _____

Address: _____

_____Country: _____Postal Code: _____

Tel: _____ Fax: _____ E-mail: _____

**Registration Fees** (*All payment in Singapore Dollars and inclusive of 7% GST*)

| Category | Early Bird Before 1 Jun 17 | 1 Jun to 31 Aug 17 | After 1 Sep 17 |
|---|---|---|---|
| ○ Doctors | S$300 | S$330 | S$360 |
| ○ Radiographers/Nurses/Others | S$220 | S$250 | S$280 |
| ○ Residents/Trainees | S$220 | S$250 | S$280 |
| ○ Radiology Resident Review Session :**3-5 pm** on **4 October 2017** | S$50 | S$ 50 | S$ 60 |
| ○ 3rd Interventional Neuroradiology Workshop on **4 Oct 2017** | S$150 | S$180 | S$200 |

## Payment Options

(For bank draft or local cheque please make payable to **"National Neuroscience Institute of Singapore Pte Ltd"**)

- ❑ Singapore Cheque no. _____ for S$_____
- ❑ Bank Draft (must be drawn in Singapore bank) for S$_____

- ❑ Authorised payment of registration fee by credit card (VISA or Mastercard only)
  Name_____ Card no. _____
  Expiry date _____ CVV no (3 digits) _____ Cardholder 's Signature_____

- ❑ Payment of Registration Fee by bank transfer is to be made to:
  Account Name: **National Neuroscience Institute of Singapore Pte Ltd**
  Bank: **DBS Bank** Address: 12, Marina Boulevard, Level 3 MBFC Tower 3, Singapore 018982
  Bank Code: **7171** Branch: **028** Bank Account**: 028-010067-1** Swift Address: **DBSSSGSG**
  *(Note: All bank charges for paying and receiving banks are to be payable by the applicant.*
  *Please attach a Bank Advice with your name as a proof of your successful bank transfer)*

/NNI