

3rd Primer in Paediatric Nephrology for Asia, Singapore

3rd IPNA-AsPNA Junior MasterClass

Organised in conjunction with 7th Wong Hock Boon Paediatric Masterclass



Organised by:



Sponsored by:



Singapore Society of Nephrology



Asian Pediatric Nephrology Association (AsPNA)



REGISTRATION FORM

NOTE: RESEARCH AND DIALYSIS WORKSHOPS ARE LIMITED TO 100 REGISTRANTS ONLY

c/o Department of Paediatrics, Yong Loo Lin School of Medicine, National University Health System
KTP-National University Children's Medical Institute, NUHS Tower Block, Level 12, 1E Kent Ridge Road, Singapore 119228
Fax: (65) 6779-7486 | Email: paev15@nus.edu.sg

PERSONAL PARTICULARS (PLEASE PRINT IN CAPITAL LETTERS)

☐ Prof ☐ Assoc Prof ☐ Asst Prof ☐ Dr ☐ Mr ☐ Ms ☐ Mrs ☐ Mdm

Full Name: [Underline Family Name]					
Department					
Organization / Institution:					
Mailing Address:					
Country:		Postal Code:			
E-mail:		Contact Tel No:		Fax No:	

(International attendees, please include country and city code for phone and fax)

REGISTRATION FEES (ALL RATES QUOTED IN SGD)

	Early Registration Fee before 30 June 2018		Standard / On-site Registration Fee From 1 July 2018 onwards		Total Amount (SGD)
	Course Fee	Dialysis Workshop	Course Fee	Dialysis Workshop	
Registration Fee (Per Person)	SGD 200 ☐	SGD 90 ☐	SGD 240 ☐	SGD 130 ☐	

☐ I would like to attend the complimentary Pre-Primer Research Workshop. I understand that if I do not attend this workshop, a fee of SGD\$50 will be imposed.

PAYMENT OPTIONS (select one option - payment of registration fee **must** accompany this form. You are NOT registered until payment is made).

☐ Singapore cheque / bank draft enclosed (Payable to **National University of Singapore** in Singapore Dollars). All bank charges must be paid at source.

☐ CREDIT CARD [please select one] ☐ VISA ☐ MASTERCARD

Card Member's Name: _____ Card Number: _____

Expiry Date: _____ (MM/YY)

I hereby authorize National University of Singapore to charge my **visa / mastercard*** for the total payment of SGD\$_____ on behalf of Department of Paediatrics, School of Medicine, Yong Loo Lin School of Medicine, National University Health System. Please note that '**National University of Singapore**' will appear on your bank statement.

Signature (as per credit card)

Date

Additional Information

- Payment must accompany this form.
- To avoid duplicate registrations, do not mail the original Registration Form if you have faxed the Form earlier.
Please note to print, sign, scan or fax or email the form to us.
- For information on your registration status, please contact Ms Faridah at paev15@nus.edu.sg.

Cancellations & Refunds

- Cancellations must be submitted in writing to Ms Faridah at paev15@nus.edu.sg at least 4 weeks before the course.
- **Refund schedule:** cancellation before/on 30 June 2018 – Refund with 50% deduction for administrative fee. Cancellation after 30 June 2018 – Refund with 30% deduction for administrative fee.
- All refunds will be processed after the conference.
- **No refunds will be given after 1 July 2018.**
- Replacement of participants will be accepted at no extra charge provided a written request is submitted to Ms Faridah at paev15@nus.edu.sg by 1 July 2018.

For catering purposes, please tick dietary preference:

[Food is from Halal Certified Caterer]

☐ Non-Vegetarian

☐ Vegetarian

☐ **Agreement to terms and conditions:**

- I wish to register for the 3rd Primer in Pediatric Nephrology for Asia, Singapore and acknowledge the registration terms including the cancellation policy.
- I understand all information provided will be kept confidential by NUH/NUHS/NUS.

Registrant's signature

Date