

**Singapore Orthopaedic Association - 37th Annual Scientific Meeting
9 – 11 October 2014, Singapore**

REGISTRATION FORM

Secretariat - SOA 37th ASM
11 Keppel Road, ABI Plaza, #09-01, Singapore 089057
Tel: +65 6389 7835 Fax: +65 6372 1793 Email: secretariat@soa.org.sg

REGISTRATION DETAILS

Participant

(√) Please tick accordingly

Prof Dr Mr Ms

Family Name _____ Given Name _____

Designation _____ MCR No. _____

Department & Institution _____

Correspondence Address _____

Postal Code _____ Country _____

Email _____ Facsimile _____

Telephone No. _____ (office) _____ (mobile)

REGISTRATION FEES

| Category | Early Registration till 13 September 2014 | Standard & On-site Registration from 14 September 2014 |
|---|---|---|
| SOA Member (Full & Senior) | <input type="checkbox"/> S\$400.00 | <input type="checkbox"/> S\$450.00 |
| SOA Member (Associate) | <input type="checkbox"/> S\$200.00 | <input type="checkbox"/> S\$250.00 |
| Non SOA Member | <input type="checkbox"/> S\$800.00 | <input type="checkbox"/> S\$950.00 |
| Non SOA Member *Trainee / Nurse / Physiotherapist | <input type="checkbox"/> S\$500.00 | <input type="checkbox"/> S\$650.00 |
| Day Registrant (strictly for allied health professions) | <input type="checkbox"/> S\$300.00 Pls specify day: 9 th / 10 th | <input type="checkbox"/> S\$350.00 Pls specify day: 9 th / 10 th |
| <u>Workshop 1</u> - 7 & 8 October 2014 Advanced Cervical Spine Techniques (limited to 30 participants) | <input type="checkbox"/> S\$2,400.00 (inclusive of entrance to main meeting) | <input type="checkbox"/> S\$2,500.00 (inclusive of entrance to main meeting) |
| <u>Workshop 2</u> - 8 October 2014 Primary & Revision Knee Arthroplasty (limited to 30 participants) | <input type="checkbox"/> S\$1,500.00 (inclusive of entrance to main meeting) | <input type="checkbox"/> S\$1,600.00 (inclusive of entrance to main meeting) |
| <u>Workshop 3</u> - 8 October 2014 Peri-articular Osteotomies around the Hip (limited to 30 participants) | <input type="checkbox"/> S\$1,000.00 (inclusive of entrance to main meeting) | <input type="checkbox"/> S\$1,100.00 (inclusive of entrance to main meeting) |

*A certified letter from the institution is required for overseas trainees.

HOTEL BOOKING

| Hotel <u>Meeting Venue</u> | Category | Room Rate (Single) <i>Inclusive of buffet breakfast & In-Room Internet</i> | Room Rate (Twin/Double) <i>Inclusive of buffet breakfast & In-Room Internet</i> | No. of rooms Required |
|-------------------------------|----------|--|---|--------------------------|
| Four Seasons Hotel | 5* | S\$495.00 nett | S\$530.00 nett | |

Room reservations are confirmed with **a ONE night non-refundable deposit** make payable to “Singapore Orthopaedic Association” followed by balance payment on and before **10 September 2014**.

Cancellation / No Show Policy

- A cancellation charge equivalent to one night room charge is levied in the event of cancellation for each confirmed reservation.
- Any cancellation made on or after **31 August 2014** is subject to **FULL CANCELLATION CHARGE** based on **FULL LENGTH OF STAY** as per original room reservation request.
- In the event of early departure or no show, the **FULL LENGTH OF STAY** based on original reservation at the time of booking is levied.
- Any refund, if any must be settled within 7 days after event closed.

| Complete Details in Full | | |
|--------------------------|------------|-----------------|
| Name of Guest: | | |
| Arrival Date: | Flight No: | Arrival Time: |
| Departure Date: | Flight No: | Departure Time: |

PAYMENT

() **Cheque** no. _____ Bank: _____
for S\$ _____ being payment of registration fee.
Cheque should be made payable to “**Singapore Orthopaedic Association**”.

() **Credit Card**

VISA MASTERCARD AMERICAN EXPRESS

Credit Card Number _____

Name of Cardholder: _____

Amount paid in Singapore Dollars via Credit Card: _____

Expiry Date: _____ (dd-mm-yy) CVV Code: _____

Citystate Travel Pte Ltd acts on behalf of **Singapore Orthopaedic Association** to handle all fee collections.
All credit cards charges will be made through the merchant name “Citystate/Reszource”

Date: _____ Signature: _____