REGISTRATION FORM

Secretariat
Citystate Conference & Exhibition Pte Ltd
115 Amoy Street, #03-00
Singapore 069935
Tel: +65 6410 9695  Fax: +65 6372 1793
Email: secretariat@soa.org.sg

REGISTRATION DETAILS

Participant

(✓) Please tick accordingly

Prof  Dr  Mr  Ms

Family Name ______________________________ Given Name ______________________________

Designation ______________________________ Department ______________________________

Institution ______________________________ Position ______________________________

Address ___________________________________________ ___________________________________

Postal Code ______________________________ Country ____________________________________

Email ______________________________ Facsimile ______________________________

Telephone No. _____________________________ (office) ___________________________ (mobile)

Category                                         Early Registration until 15 September 2011 | Standard & On-site Registration from 16 September 2011 | Amount

SOA (Full & Senior) Member                      S$700.00                                                  S$850.00

SOA (Associate) Member / * Trainee              S$500.00                                                  S$650.00

Nurses / Physiotherapists                      S$500.00                                                  S$650.00
(banquet not included)

Non SOA Member                                   S$800.00                                                  S$950.00

Pharmaceutical Representative                  S$800.00                                                  S$950.00

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

<table>
<thead>
<tr>
<th>Workshop and Course</th>
<th>Early Registration until 15 September 2011</th>
<th>Standard &amp; On-site Registration from 16 September 2011</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Cervical Spine Techniques Workshop</td>
<td>S$2,000.00 (included admission to Main Meeting)</td>
<td>S$2,100.00 (included admission to Main Meeting)</td>
<td></td>
</tr>
<tr>
<td>(limited to 20 participants)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pelvic Osteotomy, Surgical Hip Dislocation &amp; Limb Lengthening Workshop</td>
<td>S$2,000.00 (included admission to Main Meeting)</td>
<td>S$2,100.00 (included admission to Main Meeting)</td>
<td></td>
</tr>
<tr>
<td>(limited to 20 participants)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complex Extremity Trauma Workshop</td>
<td>S$1,100.00 (included admission to Main Meeting)</td>
<td>S$1,200.00 (included admission to Main Meeting)</td>
<td></td>
</tr>
<tr>
<td>(limited to 30 participants)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two Workshops/Course</td>
<td>S$2,300.00 (includes admission to Main Meeting)</td>
<td>S$2,400.00 (includes admission to Main Meeting)</td>
<td></td>
</tr>
<tr>
<td>□ Advanced Cervical Spine Techniques Workshop</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(limited to 20 participants)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Pelvic Osteotomy, Surgical Hip Dislocation &amp; Limb Lengthening Workshop</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(limited to 20 participants)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Complex Extremity Trauma Workshop</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(limited to 30 participants)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PAYMENT**

( ) Cheque/Bankdraft no. ________________________________ Bank: ________________________________

for S$ __________________________ being payment of registration fee. Cheque/Bankdraft 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: ________________________________
Citystate Travel Pte Ltd is appointed to handle all fee collection.
All credit card charges will be made by the merchant name: Citystate Travel Pte Ltd.

**SUBMISSION OF REGISTRATION FORM**

Registration Form submitted by: ____________________________________________________________

Date: ________________________________  Signature: _______________________________________