



34TH ANNUAL SCIENTIFIC MEETING “Frontiers in Orthopaedic Surgery”

12 – 14 October 2011
Grand Copthorne Waterfront Singapore

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 (banquet not included)	S\$500.00	S\$650.00	
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.



34TH ANNUAL SCIENTIFIC MEETING “Frontiers in Orthopaedic Surgery”

12 – 14 October 2011
Grand Copthorne Waterfront Singapore

REGISTRATION FORM ...page 2

Workshop and Course	Early Registration until 15 September 2011	Standard & On-site Registration from 16 September 2011	Amount
Advanced Cervical Spine Techniques Workshop <i>(limited to 20 participants)</i>	S\$2,000.00 <i>(included admission to Main Meeting)</i>	S\$2,100.00 <i>(included admission to Main Meeting)</i>	
Pelvic Osteotomy, Surgical Hip Dislocation & Limb Lengthening Workshop <i>(limited to 20 participants)</i>	S\$2,000.00 <i>(included admission to Main Meeting)</i>	S\$2,100.00 <i>(included admission to Main Meeting)</i>	
Complex Extremity Trauma Workshop <i>(limited to 30 participants)</i>	S\$1,100.00 <i>(included admission to Main Meeting)</i>	S\$1,200.00 <i>(included admission to Main Meeting)</i>	
Two Workshops/Course <input type="checkbox"/> Advanced Cervical Spine Techniques Workshop <i>(limited to 20 participants)</i> Pelvic Osteotomy, Surgical Hip Dislocation & Limb Lengthening Workshop <i>(limited to 20 participants)</i> <input type="checkbox"/> Complex Extremity Trauma Workshop <i>(limited to 30 participants)</i>	S\$2,300.00 <i>(includes admission to Main Meeting)</i>	S\$2,400.00 <i>(includes admission to Main Meeting)</i>	

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: _____

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

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: _____