



**REGISTRATION FORM**  
 8e Journées Francophones d'Imagerie  
 Médicale  
 5 – 10 November 2010  
 Singapore



**Delegate Information**

Please write personal information as shown in passport.

Please tick (√)  Prof  A/Prof  Dr  Mr  Mrs  Mdm  Ms

First Name : \_\_\_\_\_ Last Name : \_\_\_\_\_

Organisation : \_\_\_\_\_ Designation : \_\_\_\_\_

Address : \_\_\_\_\_

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State : \_\_\_\_\_ Postal Code : \_\_\_\_\_

Country : \_\_\_\_\_ Nationality : \_\_\_\_\_

Passport No. : \_\_\_\_\_ Expiry Date : \_\_\_\_\_

Tel : ( ) \_\_\_\_\_ Fax : ( ) \_\_\_\_\_

Mobile: : ( ) \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Email: : \_\_\_\_\_

**Accompanying Person Information**

Please write personal information as shown in passport.

Please tick (√)  Prof  A/Prof  Dr  Mr  Mrs  Mdm  Ms

First Name : \_\_\_\_\_ Last Name : \_\_\_\_\_

Organisation : \_\_\_\_\_ Designation : \_\_\_\_\_

Address : \_\_\_\_\_

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State : \_\_\_\_\_ Postal Code : \_\_\_\_\_

Country : \_\_\_\_\_ Nationality : \_\_\_\_\_

Tel : ( ) \_\_\_\_\_ Fax : ( ) \_\_\_\_\_

Mobile : ( ) \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Email : \_\_\_\_\_

**Registration Fees (# Please delete where applicable)**

\* Access to Conference at Fairmont

\* Access to Coffee Break

Conference Package for 4 days at S\$500 ( 5 / 6 / 7 / 8 / 9 / 10 November 2010) <sup>#</sup>	S\$
Conference Registration for 1 day at S\$150 S\$150 x ___ day(s) ( 5 / 6 / 7 / 8 / 9 / 10 November 2010) <sup>#</sup>	S\$
<b>Total</b>	

**Accommodation at Fairmont Singapore**

\* Rate per person per room night. Please tick (√)

Single Room at S\$302 x ___ night(s) x ___ person(s)	S\$
Double Room at S\$347 x ___ night(s) x ___ person(s)	S\$
<b>Total</b>	

**Accommodation at Bayview Hotel Singapore (# Please delete where applicable)**

\* Rate per person per room night. Please tick (√)

Single/Double Room <sup>#</sup> at S\$242 x ___ night(s) x ___ person(s)	S\$
<b>Total</b>	

**Airport Transfers**

\*From airport to hotel and return. Please tick (√)

Arrival: Your flight number _____ arrive at _____ from ___ person(s) x S\$62 (Car Transfer)/S\$85 (VIP Transfer) <sup>#</sup>	S\$
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Departure Your flight number _____ arrive at _____ from _____ person(s) x S\$62 (Car Transfer)/S\$85 (VIP Transfer) <sup>#</sup>	S\$
<b>Total</b>	

#Please delete where applicable

### Opening Cocktail at New Asia Bar, Swissotel (5 Nov 2010, 1900hrs)

Please tick (✓)

Yes _____ person(s) x S\$110	S\$
No	
<b>Total</b>	

### Gala Dinner at Raffles Hotel ( 9 Nov 2010, 2000hrs)

\*Cocktail, dine & wine. Please tick (✓)

Yes _____ person(s) x S\$210	S\$
No	
<b>Total</b>	

### Cancellation Policy

All cancellation must be made in writing to the Conference Organiser.  
 Cancellation received on or before 5 Aug 2010, a 50% cancellation fee of the total cost applies.  
 Cancellation received after 5 Aug 2010, no refund will be made.

### Payment Details

Please tick (✓) where applicable.

**Bank Draft / Cheque**

Please make cheque or bank draft payment to  
**"Pacific World Singapore Pte Ltd"**.



Bank Name \_\_\_\_\_

Draft / Cheque No \_\_\_\_\_

Please mail the cheque or bank draft together with registration form to the address below:-

Singapore Radiology Meeting  
 c/o Pacific World Singapore

73 Bukit Timah Road, Rex House #03-01  
 Singapore 229832  
 Tel: (65) 6330 6754 Fax: (65) 63362123  
 Email: sgradiology@pwevent.com

**Bank Transfer / Telegraphic Transfer\***

Please note all bank charges should be borne by registrant. Kindly fax or email a copy of the bank advice slip to Singapore Radiology Meeting at:-

Fax: (65) 6336 2123

Email: sgradiology@pwevent.com

Bank Name Citibank, N.A., Singapore Branch

Account Number Singapore Dollar a/c no.:  
 0-850297-029

Bank Address 3 Temasek Avenue  
 #11-00, Singapore 039190

Account Name Pacific World Singapore Pte Ltd  
 Swift Code CITISGSG

**Credit Card\***

I authorise the Organiser to charge the total amount of S\$ \_\_\_\_\_ to my credit card.

Visa  Mastercard  Amex

Card Holder Name \_\_\_\_\_

Card Number     -     -     -

Expiry Date   /     (mm/yyyy)

\*All credit card payments are subject to 3% credit card transaction administration fee.

\*Payment will be made in Singapore Dollars and subject to 7% Goods and Services Tax.

### Other Important Notes:

1. Deadline for registration is 5 October 2010.
2. Registration will be confirmed only upon receipt of registration and full payment.
3. 100% payment is required upon registration.

\_\_\_\_\_  
 Signature of Registrant

\_\_\_\_\_  
 Date