



REGISTRATION FORM

COLLEGE OF ANAESTHESIOLOGISTS, SINGAPORE

REFRESHER COURSE 2015

16th & 17th MAY 2015

Venue : The Laguna, Kawasan Pariwisata
Nusa Dua Lot N 2, Nusa Dua, Bali 80361, Indonesia Bali Indonesia

Tel: (65) 6593-7809 Fax: (65) 6593-7880 E-mail: cas@ams.edu.sg

REGISTRANT INFORMATION (PLEASE PRINT IN CAPITAL LETTERS)

Prof Assoc Prof Asst. Prof Dr. Mr. Ms. Mrs.

Surname/Family Name: _____ First Name/Other Name: _____

Designation: _____ Department: _____

Institution/Organisation: _____

Mailing Address:

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Tel: _____ Mobile: _____ Fax: _____

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

Email: _____ MCR No (local doctors) _____

Name to appear on Certificate of Attendance: _____

Please register by putting a tick (✓) in the appropriate box below :

A. DAY REGISTRATION Day : 16 th May 2015, Saturday	Special Rate
Option 1 : REFRESHER COURSE 2015 ONLY (FAMS)	<input type="checkbox"/> S\$50.00
<u>Option 2</u> : SSA & Non - FAMS	<input type="checkbox"/> S\$100.00
<u>Option 3</u> : Others	<input type="checkbox"/> S\$200.00

*Includes Morning Tea, Lunch plus Dinner on the first night (16th of May 2015).
Additional person for Dinner will be \$50 per pax. Children below 12 is \$25.
Thank you for your understanding.*

Please find attached the reservation link for The Laguna, Bali for your accommodation.
<https://www.starwoodmeeting.com/Book/College>

Payment of accomodation should be made directly to the hotel.
or you can also contact the Director of Events Ms Mika.Adiatmika

Email : Mika.Adiatmika@LuxuryCollection.com Contact : 62 361 771327 Fax: 62 361 771326

****This event is STRICTLY PRE-REGISTRATION ONLY. NO ONSITE REGISTRATION.***

Agreement to Terms and Conditions:

I wish to register for the Refresher Course 2015 and acknowledge the registration terms including the cancellation policy.

Signature of Registrant: _____

Date: _____

Please return this form and send your cheques to :

College of Anaesthesiologists, Singapore

81 Kim Keat Road ,
#11-00 Singapore 328 836

***You can contact Ms Pearly Gan at cas@ams.edu.sg or
fax your form to 6593 7880.***
**Academy of Medicine, Singapore, 81 Kim Keat Road, #11-00, NKF Centre,
Singapore 328836**