

**Singapore Orthopaedic Association - 38<sup>th</sup> Annual Scientific Meeting  
15 – 17 October 2015, Grand Copthorne Waterfront Hotel, Singapore**

**REGISTRATION FORM**

Secretariat - SOA 38<sup>th</sup> ASM  
11 Keppel Road, ABI Plaza, #09-01, Singapore 089057  
Tel: +65 6389 7835 Fax: +65 6372 1793 Email: [secretariat@soa.org.sg](mailto: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 1 September 2015   | Standard & On-site Registration from 2 September 2015                          |
|---|--|--|
| SOA Member  |  |  |
| • Ordinary & Senior   | <input type="checkbox"/> S\$400.00   | <input type="checkbox"/> S\$500.00   |
| • Associate   | <input type="checkbox"/> S\$200.00   | <input type="checkbox"/> S\$300.00   |
| Non SOA Member  | <input type="checkbox"/> S\$800.00   | <input type="checkbox"/> S\$900.00   |
| Non SOA Member (*Trainee / Physiotherapist)   | <input type="checkbox"/> S\$500.00   | <input type="checkbox"/> S\$600.00   |
| Nurse   | <input type="checkbox"/> S\$200.00   | <input type="checkbox"/> S\$300.00   |
| Upper Limb Cadaveric Workshop<br>14 October 2015<br>(limited to 20 participants)            | <input type="checkbox"/> S\$1200.00<br>(inclusive of entrance to main meeting)   | <input type="checkbox"/> S\$1300.00<br>(inclusive of entrance to main meeting) |
| Smith & Nephew Sureshot Sawbone Workshop<br>16 October 2015<br>(limited to 20 participants) | <input type="checkbox"/> Free Admission for 38 <sup>th</sup> ASM Registered Delegate<br><br><input type="checkbox"/> S\$200.00 for Non 38 <sup>th</sup> ASM Delegate |  |

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

**PAYMENT**

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(        )     **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: \_\_\_\_\_

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

Date: \_\_\_\_\_     Signature: \_\_\_\_\_