

18th Annual Oration and Dinner
24 March 2012, Forlino Italian Restaurant
17th Annual Colposcopy Course
25 March 2012, The Pines

REGISTRATION FORM

The preferred method of registration is via the SCCPS website: www.sccps.org

Please complete the Registration Form and return it together with payment to:

Secretariat

The Society for Colposcopy & Cervical Pathology of Singapore

c/o Citystate Conference & Exhibition Pte Ltd

115 Amoy Street, #03-00, Singapore 069935

Tel: (65) 6410 9695 Fax: (65) 6372 1793 Email: secretariat@sccps.org

Prof A/Prof Dr Mr Ms

Family Name _____ Given Name _____

SCCPS Member Yes No MCR No. _____

Address _____

Country / Postal Code _____ Telephone/Mobile No. _____

Facsimile _____ Email _____

17TH ANNUAL COLPOSCOPY COURSE - REGISTRATION FEES

Category	With Oration and Dinner <i>(limited to the first 80 registrations)</i>	Without Oration and Dinner
SCCPS Member	<input type="checkbox"/> S\$100.00*	-
Non-SCCPS Member	<input type="checkbox"/> S\$150.00*	-
*I would like to attend the Oration and Dinner <input type="checkbox"/> Yes <input type="checkbox"/> No		

Category	With Oration and Dinner <i>(limited to the first 80 registrations)</i>	Without Oration and Dinner
Trainees	<input type="checkbox"/> S\$95.00	<input type="checkbox"/> S\$60.00
Nurses	-	<input type="checkbox"/> S\$60.00

() **Cheque/Bankdraft** should be made payable to "SCCPS"

() **Credit Card**

AMEX MASTERCARD VISA

Credit Card Number: _____

Name of Cardholder: _____

Amount paid in Singapore Dollars via Credit Card: _____

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

Cardholder's signature: _____

CITYSTATE Conference & Exhibition Pte Ltd acts on behalf of SCCPS to handle all fee collection.