



**REGISTRATION FORM**

The preferred method of registration is via the SCCPS website: [www.sccps.org](http://www.sccps.org)

**DELEGATE DETAILS**

(√) Please tick accordingly

Prof     
  A/Prof     
  Dr     
  Mr     
  Ms

Family Name \_\_\_\_\_ Given Name \_\_\_\_\_

SCCPS Member     Yes     No     
 MCR No. \_\_\_\_\_

Institution/Organisation \_\_\_\_\_

Mailing Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_

Telephone/Mobile No. \_\_\_\_\_ Facsimile \_\_\_\_\_

**REGISTRATION FEES**

| 2 <sup>nd</sup> Annual Preinvasive Surgical Workshop, 20 March 2010, NUH                                    |                          |           |                                   |
|---|--------------------------|-----------|-----------------------------------|
| <b>REGISTRATION IS FULL</b>   |                          |           |                                   |
| Specialist in Practice  | <input type="checkbox"/> | S\$150.00 | Specialist Trainee                |
|   |                          |           | <input type="checkbox"/> S\$50.00 |
| 16 <sup>th</sup> Annual Oration and Dinner, 20 March 2010<br>(limited to 60 registered course participants) |                          |           |                                   |
| Non-member  | <input type="checkbox"/> | S\$200.00 | SCCPS Member                      |
|   |                          |           | <input type="checkbox"/> S\$20.00 |
| 15 <sup>th</sup> Colposcopy Course, 21 March 2010, Grand Copthorne Waterfront Hotel                         |                          |           |                                   |
| Non-member  | <input type="checkbox"/> | S\$140.00 | SCCPS Member                      |
|   |                          |           | <input type="checkbox"/> S\$90.00 |

**PAYMENT AMOUNT**

| Description  | Amount |
|--|--------|
| 2 <sup>nd</sup> Annual Preinvasive Surgical Workshop |        |
| 16 <sup>th</sup> Annual Oration and Dinner           |        |
| 15 <sup>th</sup> Colposcopy Course                   |        |
| <b>Total Amount</b>                                  |        |

## PAYMENT METHOD

CHEQUE/BANKDRAFT

Cheque/Bankdraft should be made payable to  
"The Society for Colposcopy & Cervical Pathology of Singapore"

CREDIT CARD

AMEX

MASTERCARD

VISA

### Credit Card Details

Credit Card Number: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Amount paid in Singapore Dollars via Credit Card: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ (mm-yy)                      CVV Code: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

*Orient Explorer (S) Pte Ltd acts on behalf of SCCPS to handle all fee collection  
All credit card charges will be made by the merchant name: Orient Explorer (S) Pte Ltd*

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

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

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

Secretariat: Mr Samuel Wang / Ms Michelle Choy  
**The Society for Colposcopy & Cervical Pathology of Singapore**  
17 Jalan Mesin, #04-01  
Lee Hwa Industrial Building, Singapore 368816  
Tel: (65) 6339 8687                      Fax: (65) 6339 3731  
Email: [sccps.crc@gmail.com](mailto:sccps.crc@gmail.com)

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### Sponsors



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