



REGISTRATION FORM

The preferred method of registration is via the SCCPS website: 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 nd Annual Preinvasive Surgical Workshop, 20 March 2010, NUH			
REGISTRATION IS FULL			
Specialist in Practice	<input type="checkbox"/>	S\$150.00	Specialist Trainee
			<input type="checkbox"/> S\$50.00
16 th Annual Oration and Dinner, 20 March 2010 (limited to 60 registered course participants)			
Non-member	<input type="checkbox"/>	S\$200.00	SCCPS Member
			<input type="checkbox"/> S\$20.00
15 th 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 nd Annual Preinvasive Surgical Workshop	
16 th Annual Oration and Dinner	
15 th Colposcopy Course	
Total Amount	