



35th Annual Scientific Meeting

Singapore Orthopaedic Association
combined with the
6th ASEAN Arthroplasty Association Meeting and
60th Anniversary Celebration:
Celebrating 60 years of Orthopaedics in Singapore

10 - 13 October 2012

Four Seasons Hotel Singapore
"Joint Replacement, Reconstruction
and Orthopaedic Research"

REGISTRATION FORM

Secretariat
Citystate Conference & Exhibition (S) Pte Ltd
115 Amoy Street, #03-00 Singapore 069935
Tel: +65 6410 9695 Fax: +65 6372 1793
Email: secretariat@soa.org.sg

REGISTRATION DETAILS

Participant

(√) Please tick accordingly

Prof Dr Mr Ms

Family Name _____ Given Name _____

Designation _____ Department _____

Institution _____

Address _____

Postal Code _____ Country _____

Email _____ Facsimile _____

Telephone No. _____ (office) _____ (mobile)

REGISTRATION FEES – Main Meeting

Category	Early Registration till 15 September 2012	Standard & On-site Registration from 16 September 2012
SOA Member (Full & Senior)	<input type="checkbox"/> S\$700.00	<input type="checkbox"/> S\$850.00
SOA Member (Associate)	<input type="checkbox"/> S\$500.00	<input type="checkbox"/> S\$650.00
Non SOA Member	<input type="checkbox"/> S\$800.00	<input type="checkbox"/> S\$950.00
*Trainee / Nurse / Physiotherapist	<input type="checkbox"/> S\$500.00	<input type="checkbox"/> S\$650.00

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

REGISTRATION FEES – Pre-Meeting Workshop

Workshop	Registration Fee for <u>Meeting Delegate</u>	Registration Fee for <u>Non Meeting Delegate</u>
Clinical Experience with Oxford Partial Knee System	<input type="checkbox"/> S\$250.00	<input type="checkbox"/> S\$500.00

PAYMENT

() **Cheque/Bankdraft** no. _____ Bank: _____
 for S\$ _____ being payment of registration fee. Cheque/Bankdraft
 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: _____

SUBMISSION OF REGISTRATION FORM

Registration Form submitted by: _____

Date: _____ Signature: _____