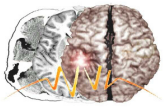

17th Advanced Neuroradiology Course: 5 - 6 October 2017
3rd Interventional Neuroradiology Workshop: 4 October 2017

Venue: Theatrette, Level 1, Tan Tock Seng Hospital, Singapore 308433

REGISTRATION FORM

PLEASE **WRITE** CLEARLY and complete the form in **BLOCK** letters with **PAYMENT** to:
Course Secretariat, 17th Advanced Neuroradiology Course
Department of Neuroradiology, National Neuroscience Institute (NNI)
11 Jalan Tan Tock Seng, Singapore 308433
Tel: (65) 63577057 / (65) 63577033
You can send your **completed registration form** with payment details by email to: sin_leong_tien@nni.com.sg
or Fax to: (65) 63581259

Title: Prof / Dr / Mr / Mrs / Ms (Please circle)

Surname / Family name																									
Other Name																									

Institution: _____ Designation & Department: _____

Address: _____

_____Country: _____Postal Code: _____

Tel: _____ Fax: _____ E-mail: _____

Registration Fees (*All payment in Singapore Dollars and inclusive of 7% GST)*

Category	Early Bird Before 1 Jun 17	1 Jun to 31 Aug 17	After 1 Sep 17
○ Doctors	S$300	S$330	S$360
○ Radiographers/Nurses/Others	S$220	S$250	S$280
○ Residents/Trainees	S$220	S$250	S$280
○ Radiology Resident Review Session :**3-5 pm** on **4 October 2017**	S$50	S$ 50	S$ 60
○ 3rd Interventional Neuroradiology Workshop on **4 Oct 2017**	S$150	S$180	S$200

Payment Options

(For bank draft or local cheque please make payable to **"National Neuroscience Institute of Singapore Pte Ltd"**)

- ❑ Singapore Cheque no. _____ for S$_____
- ❑ Bank Draft (must be drawn in Singapore bank) for S$_____

- ❑ Authorised payment of registration fee by credit card (VISA or Mastercard only)
  Name_____ Card no. _____
  Expiry date _____ CVV no (3 digits) _____ Cardholder 's Signature_____

- ❑ Payment of Registration Fee by bank transfer is to be made to:
  Account Name: **National Neuroscience Institute of Singapore Pte Ltd**
  Bank: **DBS Bank** Address: 12, Marina Boulevard, Level 3 MBFC Tower 3, Singapore 018982
  Bank Code: **7171** Branch: **028** Bank Account**: 028-010067-1** Swift Address: **DBSSSGSG**
  (Note: All bank charges for paying and receiving banks are to be payable by the applicant.
  Please attach a Bank Advice with your name as a proof of your successful bank transfer) */OP*