

# Annual Combined Surgical Meeting

4 August 2012

Grand Copthorne Waterfront Hotel, Singapore

**Please complete and send to:**

**Chapter of General Surgeons**

**College of Surgeons, Singapore**

81 Kim Keat Road, #11-00 NKF Centre

Singapore 328836

Tel: (65) 6593 7807/ 6593 7800 Fax: (65) 6593 7860

Email: [css@ams.edu.sg](mailto:css@ams.edu.sg)

## REGISTRATION DETAILS

Salutation \_\_\_\_\_ Family Name \_\_\_\_\_

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

Institution \_\_\_\_\_

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

City/Country \_\_\_\_\_ Postal Code \_\_\_\_\_

MCR No (local doctors) \_\_\_\_\_ Email \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Preferred Name on Certificate \_\_\_\_\_

Abstract Submission Yes ( ) No ( )

## REGISTRATION FEES

Category	Amount (SGD) (By 30 Jun 2012)	Amount (SGD) (After 30 Jun 2012)
Fellows, Academy of Medicine, Singapore (FAMS)	120 ( )	150 ( )
Non-FAMS	150 ( )	170 ( )

## PAYMENT

### PAYMENT OPTIONS:

I) Payment by Cheque (*local cheques only*)

Cheque is to be made payable to “**College of Surgeons, Singapore**”.

Cheque no: \_\_\_\_\_ Bank: \_\_\_\_\_

Amount: \_\_\_\_\_

II) Payment by Credit Card

Visa

Mastercard

Name of  
Cardholder

\_\_\_\_\_

Signature

\_\_\_\_\_

Card No.

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CVV

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(3 digit code at back of card)

Expiry Date  
(MM/YY)

\_\_\_\_\_

I hereby authorise College of Surgeons, Singapore to charge my credit card for the registration fee(s) as indicated on this form

NOTE: Cancellations must be submitted to [css@ams.edu.sg](mailto:css@ams.edu.sg) no later than **16 July 2012** in order to receive a full refund. No refunds will be given **after 16 July 2012**. However, substitution of participant is allowed.