ACOH - 19th Asian Conference on Occupational Health

17-19 September 2008

Suntec Singapore

Registration Form

Please complete and fax to **(65) 63329655 / 63374633**

Early Bird Registration Is Now Extended to 15 August 2008

DELEGATE'S DETAILS

Title / Salutation ❑ Prof ❑ A/Prof ❑ Dr ❑ Mr ❑ Mrs ❑ Mdm ❑ Ms

Surname / Family Name: _____ First / Given Name: _____

Organisation / Institution: _____ Department (if any): _____

Mailing Address: _____

Country: _____ Postal Code: _____

Telephone: _____ Fax: _____ E-mail: _____

Are you planning to submit an abstract for a paper or a poster? ❑ Yes ❑ No

If yes, would you like to be considered for the Young Scientist Award? ❑ Yes ❑ No (if yes, please provide date of birth: ____ / ____ / ____ (dd/mm/yy)

CONFERENCE REGISTRATION FEE IN SGD (SINGAPORE DOLLARS)

Please Tick (✓)	Category	Fee (SGD)	Remarks
❑	Early Bird Registration	$750.00 per person	for registration on or before 15 August
❑	Delegate	$800.00 per person	for registration on or before 1 September
		$900.00 per person	for on-site registration
❑	Group of 5 or more	$750.00 per person	
❑	One Day Registration	$300.00 per person	Please specify date : .....
❑	Two Day Registration (18 & 19 Sep only)	$500.00 per person	Applicable only for delegates of the 3rd Public Health & Occupational Medicine Conference
❑	***Students*** : Full Time Students	$400.00 per student	For verification, students must fax or email supporting documents upon registration.
❑	Conference Banquet on 18 Sep	$ 90.00 per person	Please specify number of persons : .....

Note : Registration fees include lunch and tea breaks only.

GROUP REGISTRATION

	Title / Salutation	Surname / Family Name	First / Given Name
1			
2			
3			
4			
5			

PAYMENT

Please make payment by :

❑ **Singapore Cheque**
made payable to **OEHS-ACOH 2008**

❑ **Telegraphic Transfer**
Account Name : OEHS-ACOH 2008
Account No. : 001-904618-1
Bank : DBS
Bank Address : 6 Shenton Way
DBS Building
Singapore 068809
Swift Code : DBSSSGSG

❑ **Credit Card** [ ] Visa [ ] Mastercard [ ] AMEX

Cardholder's Name : _____

Credit Card Number : _____ CVV / CVC2 _____

Expiry Date : _____

By providing the above, I authorized the organizer to charge SGD _____ to my credit card.

_____ _____

Cardholder's signature Date

CANCELLATION:
Cancellations must be notified in writing to the Conference organizer. There will be no refund for cancellation made on of after **15 August 2008**. However, if the registered applicant is unable to attend, a representation may be allowed to attend on his/her behalf. Please inform us of any changes by fax at **(65) 6337 4633** or email to **acoh2008@mda.com.sg** 7 days before the commence of the conference.