

PRE-REGISTRATION FORM

Please pre-register

- online at www.hospimedica-asia.com OR
- complete and fax this form to
(65) 6632 9655 or (65) 6337 4633

17-19 September 2008

Suntec Singapore

10.00am to 6.00pm



Pre-register your visit and stand a chance to enjoy 2 nights complimentary accommodation or a relaxing weekend stay at Sentosa.*

Note:

1. Please pre-register by **1 September 2008**.
2. Registrations after 1 September 2008 will be considered as on-site registrations.
3. For multiple registrations, please photocopy this form.
4. Admission is by registration only.
5. Dress code: Business / Office Attire

* Choice of hotel is at the discretion of the organizer and based on either single or twin occupancy, room only, valid from 16 – 20 September 2008, applicable to overseas visitors only. You will be notified of your accommodation 2 weeks prior to your visit. The Sentosa weekend stay is applicable to visitors from Singapore only and is subjected to blackout dates.

Please fill in details or attach business card

Title: Mr / Mrs / Ms / Dr / Others, please specify: _____

First Name: _____

Family Name: _____

Job Title: _____

Company: _____

Address: _____

Country: _____

Tel: _____ Fax: _____
(Please include country and area code)

E-mail: _____

Please indicate with (✓) a tick.

Did you visit **HOSPIMedica ASIA in 2006?**

Yes No

ABOUT MY COMPANY

1a. Ownership of Company

- 01 Locally Owned
- 02 Foreign Owned
- 03 Local-Foreign Joint Venture

1b. Your Organization Type

- 01 Public Hospital
- 02 Private Hospital
- 03 University / Teaching Hospital
- 04 Clinics / Polyclinics / Medical Centre
- 05 Laboratories
- 06 Nursing Home
- 07 Rehabilitation Centre
- 08 Wellness Centre
- 09 Associations
- 10 Government / Ministry Offices
- 11 Hospital Planner / Turnkey Contractor
- 12 Procurement Agency
- 13 Manufacturer / Producer
- 14 Distributor / Representative
- 15 Trader, Importer & Exporter, Wholesaler
- 16 Others (please specify) _____

ABOUT MYSELF

2a. Your Primary Job Function: (Please tick one only)

- 01 Hospital Administrator / Director
- 02 Medical Practitioner
- 03 Head of Department
- 04 Specialist Surgeon
- 05 Nursing Staff
- 06 Pharmacist
- 07 Purchasing
- 08 CEO / Managing Director / Director
- 09 Sales & Marketing
- 10 Engineer / Technician
- 11 Others (please specify) _____

2b. Your Area of Speciality :

- 01 Anaesthesiology
- 02 Cardiology
- 03 Clinical Laboratory
- 04 Communication & Information Technology
- 05 Emergency Room Specialist
- 06 Gastro-Enterology
- 07 General Medicine
- 08 Hospital Administration / Purchasing
- 09 Intensive / Critical Care
- 10 Internal Medicine
- 11 Neurosurgery

- 12 Nursing
- 13 Obstetric & Gynaecology
- 14 Orthopaedics
- 15 Ophthalmology
- 16 Oncology
- 17 Otolaryngology Surgery
- 18 Pharmacy
- 19 Physiotherapy
- 20 Radiology / Imaging
- 21 Respiratory Medicine
- 22 Urology
- 23 Others (please specify) _____

2c. Your Product Interest :

- 01 Accident & Emergency Equipment
- 02 Building Technology & Services
- 03 Catering & Kitchen Equipment
- 04 Communication & Information Technology
- 05 Dental Equipment & Supplies
- 06 Diagnostics
- 07 Disinfection & Disposable Systems
- 08 Electromedical Equipment / Medical Technology
- 09 Fabrics / Laundry
- 10 Medical Furniture & Equipment
- 11 Laboratory Equipment
- 12 Medical Consumables
- 13 Ophthalmic Supplies
- 14 Rehabilitation Equipment / Orthopaedic Supplies
- 15 Pharmaceutical Supplies
- 16 Services & Publications
- 17 Others (please specify) _____

2d. Please Indicate the Purpose of Your Visit :

- 01 Gather Information
- 02 To Purchase
Likelihood of Purchase
 immediate
 within six months
 within one year
 not known at this point in time
- 03 Seek Representation
- 04 Visit Suppliers
- 05 Evaluate for Future Participation
- 06 Others (please specify) _____

2e. How Did You Find Out About This Event?

- 01 Invitation from Organisers
- 02 Invitation from Exhibitors
- 03 Newspapers
- 04 Direct Mailing
- 05 Trade Publications
- 06 Colleagues
- 07 Associations
- 08 Internet
- 09 Others (please specify) _____

2f. What are some of the publications you read to update yourself on the medical and healthcare industry?

2g. Please Indicate Your Role in Purchasing

- 01 Final Decision
- 02 Significant Influence
- 03 Initial Recommendation
- 04 Research New Products
- 05 Not Applicable

2h. Are you interested to receive information on:

MEDICA (Düsseldorf, Germany)

- Exhibiting Visiting

REHACARE INTERNATIONAL (Düsseldorf, Germany)

- Exhibiting Visiting

MEDICAL FAIR

THAILAND AUSTRALIA SINGAPORE

- Exhibiting Visiting

BUSINESS MATCHING

I am interested to

[] purchase [] receive information on:

Please list products/services below.

1. _____
2. _____
3. _____
4. _____
5. _____

I am interested to meet the following companies:

Exhibiting Company (please list below)

1. _____
2. _____
3. _____

(For an updated list of exhibitors, please visit www.hospimedica-asia.com)

Disclosure

Your contact details may be made available to the exhibitors for the Business Matching Programme. If you wish to keep your contact details confidential, please tick below:

- Please do not disclose my contact details