

# Pre-registration Form



## 15 - 17 Sept 2010

Suntec Singapore

[www.medicalfair-asia.com](http://www.medicalfair-asia.com)

8th International Exhibition on Hospital, Diagnostic,  
Pharmaceutical, Medical & Rehabilitation Equipment & Supplies

### Please pre-register

- online at [www.medicalfair-asia.com](http://www.medicalfair-asia.com) OR
- complete and fax this form to  
**(65) 6332 9655 or (65) 6337 4633**

#### Note:

1. Pre-registration for visitors closes on 31 August 2010, afterwhich, please register at Level 6, Suntec Singapore during the exhibition period.
2. For multiple registrations, please photocopy this form.
3. Admission is by registration only.
4. Dress code: Business / Office Attire

Please fill in details or attach business card

Title: Mr / Mrs / Ms / Dr / Others, please specify: \_\_\_\_\_

Name in Full: \_\_\_\_\_  
*please underline surname*

Job Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Region/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Tel: (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
*country code area code country code area code*

E-mail: \_\_\_\_\_

Please indicate with (✓) a tick.

Did you visit **MEDICAL FAIR ASIA (HOSPIMedica ASIA)** in 2008?

- 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. Please Indicate Your Role in Purchasing

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

#### 2g. 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 meet the following companies:

**Exhibiting Company (please list below)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

(For an updated list of exhibitors, please visit [www.medicalfair-asia.com](http://www.medicalfair-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