



Personal Particulars:

Title: Prof. Dr. Mr. Mrs. Ms (tick appropriate box)

Given name: _____ Family name: _____

I/C or Passport No: _____ Preferred name on badge: _____

Affiliated organisation: _____ Designation: _____

Mailing address: _____

Postal code: _____

City: _____ Country: _____

Telephone: _____ Mobile: _____ Fax: _____

E-mail: _____

Emergency Contact Person & Number: _____

Registration fees (please Tick)

	Normal (After 1st Apr)	On-Site
17 Jun 2010 - Postgrad Course Only		
Member	<input type="radio"/> FOC	<input type="radio"/> FOC
Physicians	<input type="radio"/> S\$75	<input type="radio"/> S\$100
18 Jun 2010 - Endoscopy Workshop Only		
Member	<input type="radio"/> FOC	<input type="radio"/> FOC
Physicians	<input type="radio"/> S\$275	<input type="radio"/> S\$400
Other Healthcare Professionals	<input type="radio"/> S\$150	<input type="radio"/> S\$200
19 Jun 2010 / 20 Jun 2010 - Scientific Meeting Only		
Member	<input type="radio"/> FOC	<input type="radio"/> FOC
Physicians	<input type="radio"/> S\$250	<input type="radio"/> S\$500
Other Healthcare Professionals	<input type="radio"/> S\$125	<input type="radio"/> S\$250
20 Jun 2010 - (ESD) Exploratory Workshop Only		<input type="radio"/> S\$80
Total		

Society Membership Number (Compulsory): _____

Payment

Enclosed is my total payment of S\$ _____ to be made by:

Cheque (Payable to "Ping Healthcare Pte Ltd".)

Please complete this form and mail together with the cheque to:

GIHep 2010 - Conference Secretariat

c/o Ping Healthcare Pte Ltd

5 Upper Aljunied Link, #05-05, Quartz Industrial Building, Singapore 367903

Tel: (65) 6778 5620 Fax: (65) 6778 1372

Credit card Visa/Mastercard (please delete accordingly)

Card no: _____ CVV No.: _____

Expiry date: _____ Cardholder's name: _____

Signature: _____