15TH ADVANCED NEURORADIOLOGY COURSE
15 – 16 October 2015
Venue: Theatrette, Level 1, Tan Tock Seng Hospital, Singapore

REGISTRATION FORM

PLEASE WRITE CLEARLY and complete the form in BLOCK letters with PAYMENT to:

Course Secretariat
15th Advanced Neuroradiology Course
Department of Neuroradiology, National Neuroscience Institute (NNI)
11 Jalan Tan Tock Seng, Singapore 308433
Tel: (65) 63577057 / (65) 63577033
You can send completed registration form by email to: sin_leong_tien@nni.com.sg
Or by Fax to: (65) 63581259

Title: Prof / Dr / Mr / Mrs / Ms (Please circle)

Surname / Family name ____________
Other Name ____________

Institution: ____________________________ Designation & Department: ____________________________
Address: ____________________________ Country: ____________________________ Postal Code: ____________
Tel: ______________ Fax: ______________ E-mail: ____________________________

Registration Fees (All payment in Singapore Dollars and inclusive of 7% GST)

<table>
<thead>
<tr>
<th>Please tick ( √ )</th>
<th>On or before 1 Sep 15</th>
<th>After 1 Sep 15</th>
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<tbody>
<tr>
<td>o Doctors</td>
<td>S$300</td>
<td>S$330</td>
</tr>
<tr>
<td>o Radiographers/Nurses/Others</td>
<td>S$220</td>
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<td>o Residents/Trainees</td>
<td>S$220</td>
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<tr>
<td>o Radiology Resident Review Session (25 residents) additional + S$50</td>
<td>S$270</td>
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<tr>
<td>o Pre-registration is required for Neuro interventional Workshop (limited to 60 registrants only) additional + S$50</td>
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Payment Options

(For bank draft or local cheque please make payable to “National Neuroscience Institute of Singapore Pte Ltd”)

☐ Singapore Cheque no. ________________________ for S$___________________________
☐ Bank Draft (must be drawn in Singapore bank) for S$___________________________
☐ Authorised payment of registration fee by credit card (Please circle VISA or Mastercard only)

Name ____________________________ Card no. ____________________________

Expiry date ________ CVV no (3 digits) ________ Cardholder’s Signature ________________

☐ Payment of Registration Fee by bank transfer is to be made to:

Account Name: National Neuroscience Institute of Singapore Pte Ltd
Bank: DBS Bank Address: 12, Marina Boulevard, Level 3 MBFC Tower 3, Singapore 018982
(Note: All bank charges for paying and receiving banks are to be payable by the applicant)