

3rd NUH Singapore Colorectal Cancer Symposium (SCCS)

National University Hospital, Singapore

8th – 9th June 2018

Symposium Registration:

A) Participant Information:

Full Name: <u>Underline</u> <u>Family Name</u>	(certificate will be printed accordingly with this registered name)
Salutation	Prof / Dr / Mr / Mrs / Ms
Designation	Snr Consultant / Consultant / Associate Consultant / Residents / Others
Institution	
Department	
Country	
E-mail	
Contact No	(country code + contact number)

B) Registration Fees (Rates are quoted in Singapore dollars)

Please select your type of registration accordingly:

	Delegates	Medical Student (Singapore only)	Singapore General Residents / SCRS Member (Singapore only)	Ex-NUH Colorectal Fellows
Symposium: 8th & 9th June 2018, Fri & Sat	<input type="checkbox"/> SGD\$100 - symposium only	<input type="checkbox"/> Free - not inclusive of symposium dinner nor pre-symposium workshop Please indicate Matriculation no: -----	<input type="checkbox"/> Free - not inclusive of symposium dinner nor pre-symposium workshop Resident Year (pls circle): 1 / 2 / 3 / 4 / 5 / NA -----	<input type="checkbox"/> SGD\$100 - symposium only
Pre-symposium laparoscopic cadaveric colorectal surgery workshop: 7th June 2018, Thurs	<input type="checkbox"/> SGD\$2,000 - inclusive of workshop + symposium + symposium & faculty dinner	N/A	<input type="checkbox"/> SGD\$1,000 - inclusive of workshop + symposium + symposium & faculty dinner	<input type="checkbox"/> SGD\$1,000 - inclusive of workshop + symposium + symposium & faculty dinner - exclude accommodation

C) Complementary Activities

Symposium & Faculty Dinner (Do note dinner is serve with No Pork No lard, alcohol is served separately)

I will attend the Friday Faculty Dinner I will not be attending the Friday Faculty Dinner

*If you are attending the dinner, are you bringing your spouse/partner

Yes (Pls indicate name: _____)

No

Dietary Requirement

Dietary Preference: Non-vegetarian Vegetarian

Pre-Symposium Laparoscopic Cadaveric Workshop

Attending Not Attending

If you are attending the workshop, please indicate the following details:

1. Experience in open colorectal cancer surgery (please select one of the box)

- < 20 cases
- 20 – 50 cases
- 50 – 100 cases
- > 100 cases

2. Experiences in laparoscopic colorectal cancer surgery (please select one of the box)

- < 20 cases
- 20 – 50 cases
- 50 – 100 cases
- > 100 cases

3. Main interest in workshop (Rating: 1 most preferred; 2 least preferred)

- Complete mesocolic excision (CME) right hemicolectomy
- Transanal total mesorectal excision (TaTME)

D) Payment Method:

VISA/MASTER Credit Card Payment

Credit Card Information: VISA MasterCard

Card Number : _____

Name on Card: _____

Expiry Date: _____ (MM/YY) Security Code (3 digit on back of card): _____

* hereby authorise "the organizer of 3rd Singapore Colorectal Cancer Symposium" to charge a total amount of SGD \$ _____ to the above credit card for payment of registration.

* I understand and consent to the use of my credit card without my signature on the charge slip that my signature on this form will serve as the authorized signature.

Bank / Telegraphic Transfer

Account Name : National University of Singapore

Account No. : 032-000313-3

Bank Name : DBS Bank Ltd, Singapore

Bank Address : 12 Marina Boulevard, DBS Asia Central,
Marina Bay Financial Centre Tower 3, Singapore 018982

Bank Code : 7171 (Branch Code 003)

Swift Code : DBSSSGSG

- Please note that all bank charges are borne by remitter
- Please state on the remittance advice that the payment is for "3rd SCCS 2018, indicate your Name and Contact Number.
- Upon completion of the transfer, please email a copy of your remittance advice with your registration form to info@sccs.com.sg for tracking purposes.

Terms and conditions

1. Registration fees above are inclusive of 7% GST. All prices are quoted per person and do not include travel and other personal expenses of the registrant.
2. The symposium registration fee covers admission to the symposium, as well as lunch, tea receptions and symposium dinner.
3. Registration passes are strictly NOT transferrable.
4. CME points will be awarded to Singapore registered clinicians.
5. The organizer reserves the right to cancel the workshop and fully refund the participants should unforeseen circumstances necessitate it.

Please email this completed registration form to info@sccs.com.sg