**1st SingHealth Duke-NUS Gynaecological Surgery Summit in conjunction with**

**8th APAGE Regional Congress 2019, Singapore**

**Controversies in Minimally Invasive Surgery – An Evolving Journey in Gynaecology**

**23 – 27 July 2019, Singapore**

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| **REGISTRATION FORM** |

DELEGATE DETAILS (Please type or print in **BLOCK** letters)

Salutation: Professor / Dato’ / Dr / Mr / Ms / Mrs (for group registration, please email to [liam.toh.gn@kkh.com.sg](mailto:liam.toh.gn@kkh.com.sg))

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| First Name: |  | | | | | | |  | | Family Name: | | | | |  | | | | | |
| Institution: |  | | | | | | |  | | Department: | | | | |  | | | | | |
| Name to appear on certificate: | | |  | | | | | | | | | | | | | | | | | |
| Institution: |  | | | | | | |  | | Department: | | | | | | |  | | | |
| Address 1: |  | | | | | | | | | | | | | | | | | | | |
| Address 2: |  | | | | | | | | | | | | | | | | | | | |
| Country: |  | | | | | | |  | | Postal Code: | | | | | |  | | | | |
| Occupation: |  | | | | | | |  | | E-mail: | | | | | |  | | | | |
| Mobile: |  | | | | | | |  | | Fax: | | | | | |  | | | | |
| *(please enter your country code followed by telephone number)* | | | | | | | |  | | *(please enter your country code followed by telephone number)* | | | | | | | | | | |
| MCR / DCR No. (for local delegates): | | | |  | | | | | | | | | | | | | | | | |
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| **REGISTRATION TYPE** | | | | |  | | | |  | | **APAGE Member / Residents** | | | | | | | |  | |
| Live Surgeries + Symposium (Main Congress) | | | | | | ❑ | SGD 300 | | | | | ❑ SGD 240 | | | | | | |  | |
| Live Surgeries + Symposium + Masterclass | | | | | | ❑ | SGD 450 | | | | | ❑ SGD 360 | | | | | | |  | |
| Live Surgeries + Symposium + Hysteroscopy WS | | | | | | ❑ | SGD 800 | | | | | ❑ SGD 640 | | | | | | | | |

**\*Registration for main conference is a prerequisite for the above workshop. Vacancies for workshops are limited. Please register early to avoid disappointment. Registration for workshop will close by 30 May 2019.**

**PAYMENT BY CREDIT CARD**

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| Visa |  |  | | | | | | | Mastercard | |  | | AMEX | | |  |  | |
| Name of Cardholder: | | | | |  | | | | | | | | | | Signature of Cardholder: |  | | | |
| Credit Card Number: | | | | |  | | | | | | | | | | | | | | |
| Security Code: | | | | |  | | | | | | | | | Expiry Date: |  | | | (MM/YY) | |
| *(a 3-digit number which included at the back of the credit card)* | | | | | | | | | | | | | | | | | | | |
| Amount of Payment Authorised: | | | | | | SGD $ | |  | | | | | | | | | | | |

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| **PAYMENT BY CHEQUE** | **PAYMENT BY BANK TRANSFER** |
| Cheque / Bank Draft to be made payable to “**KK Women’s and Children’s Hospital Pte. Ltd.**”. Please complete the registration form and return it together with payment to:  Attention: KK Women’s and Children’s Hospital  c/o Minimally Invasive Surgery Unit  Women’s Tower, Level 3  100 Bukit Timah Road  Singapore 229899  Tel: (65) 6394 1769 / 6394 1771  Fax: (65) 6298 6343  E-mail: [zhang.ya.li@kkh.com.sg](mailto:zhang.ya.li@kkh.com.sg)  [liam.toh.gn@kkh.com.sg](mailto:liam.toh.gn@kkh.com.sg) | Account Name: **KK Women’s and Children’s Hospital Pte. Ltd.**  Bank Name: DBS Bank Ltd  Bank Account No.: 003-912983-1  Branch Name: MBFC Branch  Bank Address: 12 Marina Boulevard, Level 45, Marina Bay Financial Centre, Tower 3, Singapore 018982  Bank Code: 7171  Branch Code: 003  Swift Code: DBSSSGSG  **“\* Please indicate payment is for APAGE – MIS Unit, KKH”** |

Please note:

1. Charges incurred for bank drafts are payable by registrants.
2. Any cancellation must be done in writing to [liam.toh.gn@kkh.com.sg](mailto:liam.toh.gn@kkh.com.sg) by **15 May 2019**. **No cancellation or refund after 15 May 2019**.
3. We value and uphold the confidentiality of your personal data. In compliance with the Personal Data Protection Act (PDPA), we will limit access and disclosure of your personal data only to purposes related to this event. You may refer to the SingHealth Data Protection Policy available at [www.kkh.com.sg](http://www.kkh.com.sg/) to learn more about how we use your personal data.