

REGISTRATION FORM
Aesthetic Medicine Workshops: Saturday, 26 March 2011
Organised by: Society of Aesthetic Medicine (Singapore)

REGISTRATION DETAILS

(Please tick accordingly)

Prof Dr Mr Ms

Family Name _____ Given Name (s) _____

Mailing Address _____

_____ Postal Code ()

Country _____ Email _____

Contact Tel no _____ Facsimile _____

REGISTRATION FEES (in Singapore Dollars)

Please note that your registration of SGD2,000 entitles you to attend ALL workshop sessions. Registration fee entitles you to writing materials, notes and tea breaks and lunch where applicable.

Register Early - seats are limited to the first 25 persons

Description	Fee per person	No of person(s)	Amount
Workshop 1 - Liposuction / Fat Transfer of ADRC	SGD2,000		
Workshop 2 - Breast Fillers			
Workshop 3 - Thread Lifts			
Workshop 4 - Laser Facelifts			
Workshop 5 - Facial Contouring with Fillers			
TOTAL AMOUNT			

I am most interested in Workshop 1 Workshop 2 Workshop 3 Workshop 4 Workshop 5

PAYMENT

() Enclosed cheque no: _____ bank: _____ for S\$ _____ being payment of registration fee.

Cheque should be made payable to: "Society of Aesthetic Medicine, Singapore".

() Payment via Credit Card Visa Mastercard

Credit Card Number _____

Name of Cardholder _____

Expiry date: (MM/YY) _____ / _____

Cardholder's signature _____

CITYSTATE Travel Pte Ltd has been appointed to handle all credit card transaction for the Society of Aesthetic Medicine (Singapore). *All credit card charges will be made by the merchant name: CITYSTATE Travel Pte Ltd.*

Please mail your payment and the completed registration form to:

Secretariat - Society of Aesthetic Medicine (Singapore)
c/o CITYSTATE Conference and Exhibition Pte Ltd
115 Amoy Street, #03-00 Singapore 069935 Tel: (65) 6410 9698 Fax: (65) 6372 1793
Email: secretariat@sam.org.sg Website: www.sam.org.sg