

6TH ISUOG OUTREACH COURSE, SINGAPORE &
2ND COLLEGE OF O&G, SINGAPORE (COGS) SCIENTIFIC CONGRESS
15 – 17 April 2010

GROUP REGISTRATION FORM

Name of the Country Coordinator:	
Country:	

DELEGATE DETAILS (Please type or print in BLOCK letters)

Salutation: Professor / Dato' / Dr / Mr / Ms / Mrs

Family Name: _____ Other Name: _____

Institution: _____ Department: _____

Address 1 _____

Address 2 _____

Address 3 _____

City: _____ State: _____

Country: _____ Postal Code: _____

Occupation: _____ E-mail: _____

Telephone: _____ Fax: _____

(Please enter your country code followed by telephone number)

(Please enter your country code followed by fax number)

Preferred Name to appear on certificate: _____

ISUOG Membership Number (if applicable) _____

Abstract Submission: [] Yes [] No

REGISTRATION TYPE

A) Full Delegates

(Special rates for group registration till 1 Feb 2010)

	<u>AMS Fellows/ ISUOG Members</u>	<u>Non-AMS Fellows/ ISUOG Members</u>
Specialists	<input type="checkbox"/> SIN\$450.00	<input type="checkbox"/> SIN\$550.00
Residents/Sonographers	<input type="checkbox"/> SIN\$250.00	<input type="checkbox"/> SIN\$300.00

