

REGISTRATION FORM
ULTRASOUND-ENHANCED EMERGENCY & CRITICAL MANAGEMENT CYCLE
BASIC PROVIDER LEVEL 1
ALEXANDRA HOSPITAL, SINGAPORE

Title / Name _____

Position / Department _____

Institution / Country _____

NRIC or Passport No. _____ MCR No. _____

(for Singapore Medical Council Registered doctors only)

Email _____ Mobile No. _____ Fax No. _____

Mailing address _____

I will be attending (please tick one)

Course 1 26-27 January 2010

Course 2 28-29 January 2010

Cheque No. _____ Signature / Date _____

Important Note

Registration:

1. Registration closes on **31 Dec 2009**.
2. Send your completed registration form via email to **tan.julia.sh@alexandrahealth.sg**.
3. Application is on a "first come first serve" basis. No walk-in or on-site registration is allowed.

Confirmation:

1. Registration will be confirmed upon receipt of full payment.
2. Confirmation will be sent via email.

Course fee:

1. Course fee is \$650 Singapore dollars.
2. Cheque / bank draft made payable to "**NHG-ALEXANDRA HOSPITAL**". Indicate your name and "**Winfocus**" at the back of the cheque / bank draft.
3. Send payment to "Ms Julia Tan, Department of Emergency Medicine, Alexandra Hospital, 378 Alexandra Road, Singapore 159964".
4. Course fee must be received by **11 Jan 2010**.

Cancellation policy:

1. Cancellation must be made in writing via email. No refund of course fee after **18 Jan 2010**.
2. Request for replacement to be made in writing via email by **18 Jan 2010**.
3. Organiser reserves the right to cancel the course and fully refund the participants should unforeseen circumstances necessitate it.

Enquiries:

Please contact Ms Julia Tan at 65-63793169 during office hours or email tan.julia.sh@alexandrahealth.sg.

For official use only

Date received (Registration) _____ Date received (Payment) _____

Receipt No.: _____ Registration confirmed: Y / N

Department of Emergency Medicine, Alexandra Hospital Tel : (65) 6379-3169 Fax : (65) 6479-3102