



**17<sup>th</sup> Advanced Neuroradiology Course: 5 - 6 October 2017**  
**3rd Interventional Neuroradiology Workshop: 4 October 2017**

Venue: Theatrette, Level 1, Tan Tock Seng Hospital, Singapore 308433

**REGISTRATION FORM**

PLEASE WRITE CLEARLY and complete the form in **BLOCK** letters with **PAYMENT** to:

**Course Secretariat, 17<sup>th</sup> Advanced Neuroradiology Course**

Department of Neuroradiology, National Neuroscience Institute (NNI)

11 Jalan Tan Tock Seng, Singapore 308433

**Tel:** (65) 63577057 / (65) 63577033

You can send your **completed registration form** by email to: [sin\\_leong\\_tien@nni.com.sg](mailto:sin_leong_tien@nni.com.sg) or Fax to: (65) 63581259

Title: Prof / Dr / Mr / Mrs / Ms (Please circle)														
Surname / Family name														
Other Name														
Institution: _____ Designation & Department: _____														
Address: _____														
Country: _____ Postal Code: _____														
Tel: _____ Fax: _____ E-mail: _____														

**Registration Fees (All payment in Singapore Dollars and inclusive of 7% GST) fixed at early bird rate for SRS members**

Category	Early Bird Before 1 Jun 17	1 Jun to 31 Aug 17	After 1 Sep 17
o Doctors	<b>S\$300</b>	S\$330	S\$360
o Radiographers/Nurses/Others	S\$220	S\$250	S\$280
o Residents/Trainees	S\$220	S\$250	S\$280
o Radiology Resident Review Session :3-5 pm on 4 October 2017	S\$50	S\$ 50	S\$ 60
o 3 <sup>rd</sup> Interventional Neuroradiology Workshop on 4 Oct 2017	<b>S\$150</b>	S\$180	S\$200

**Payment Options**

(For bank draft or local cheque please make payable to “**National Neuroscience Institute of Singapore Pte Ltd**”)

- Singapore Cheque no. \_\_\_\_\_ for S\$ \_\_\_\_\_
- Bank Draft (must be drawn in Singapore bank) for S\$ \_\_\_\_\_
- Authorised payment of registration fee by credit card (VISA or Mastercard only)  
 Name \_\_\_\_\_ Card no. \_\_\_\_\_  
 Expiry date \_\_\_\_\_ CVV no (3 digits) \_\_\_\_\_ Cardholder 's Signature \_\_\_\_\_
- Payment of Registration Fee by bank transfer is to be made to:  
 Account Name: **National Neuroscience Institute of Singapore Pte Ltd**  
 Bank: **DBS Bank** Address: 12, Marina Boulevard, Level 3 MBFC Tower 3, Singapore 018982  
 Bank Code: **7171** Branch: **028** Bank Account: **028-010067-1** Swift Address: **DBSSGSG**  
 (Note: All bank charges for paying and receiving banks are to be payable by the applicant.  
 Please attach a Bank Advice with your name as a proof of your successful bank transfer)