



5th ASIA & PACIFIC NURSES CONFERENCE

14 - 17 NOVEMBER 2001

SINGAPORE



Executive Officer: Jessica Wan, 77 Maude Rd, Spore 208353

Tel: (65) 392-0770

Fax: (65) 392-7877

REGISTRATION FORM

Dr/Mr/Mrs/Ms: _____

Place of Work: _____

Address: _____

Office Tel: _____ Fax No: _____ Email Address: _____

Home Address: _____

Home Tel: _____ Pager No: _____ Mobile Tel: _____

REGISTRATION FEES FOR FULL CONVENTION INCLUDES CLOSING BANQUET

	(Before 10 Sep 2001)	(After 10 Sep 2001)
SNA MEMBER	S\$350 <input type="checkbox"/>	S\$400 <input type="checkbox"/>
NON-SNA MEMBER	S\$450 <input type="checkbox"/>	S\$500 <input type="checkbox"/>
SNA STUDENT MEMBER	S\$260 <input type="checkbox"/>	S\$300 <input type="checkbox"/>
STUDENT NON-MEMBER	S\$300 <input type="checkbox"/>	S\$350 <input type="checkbox"/>
SPEAKER	S\$260 <input type="checkbox"/>	

DAILY REGISTRATION

MEMBER	S\$120 <input type="checkbox"/>
NON-MEMBER	S\$150 <input type="checkbox"/>
STUDENT MEMBER	S\$80 <input type="checkbox"/>
STUDENT NON-MEMBER	S\$100 <input type="checkbox"/>
Speaker	S\$80 <input type="checkbox"/>
Closing banquet	S\$65 <input type="checkbox"/>

Note: A discount of 10% is given for a group booking of ten or more participants.

PAYMENT: I authorize payment to be made as follows:-

☐ Cheques/Money Order to be made payable to: "Singapore Nurses Association."

Bank: _____ Cheque/MO No: _____

Amount: _____

☐ Credit card (in Singapore Dollars only)

Card type: ☐ Amex ☐ VISA ☐ Mastercard

Card No:

Expiry Date: _____

CardHolder's Name: _____

Signature: _____

PLEASE NOTE: The Organising Committee reserves the right to adjust or change the programme as necessary.

REFUND POLICY: Cancellation received in writing before 10 Sept 2001 will be refunded, less \$75 administration fee. Cancellations thereafter are not refundable.