WORKSHOPS IN INTERVENTIONAL RADIOLOGY EDUCATION SINGAPORE (WIRES) 2015

17-18 January 2015 | Singapore General Hospital

REGISTRATION

Name (*to appear on Certificate*) : _____

MCR No : _____

Designation : _____

Institution : _____

Contact HP : _____

Email Address : _____

PAYMENT

Registration Closing Date : 9 January 2015

I) Payment by Cheque (*local cheques only)*
Cheque is to be made payable to "**College of Radiologists Singapore**".

Cheque no : _____ Bank : _____ Amount : _____

II) Payment by Credit Card

☐ Visa ☐ Mastercard

Name of Cardholder _____

Signature _____

Card No. | | | | | - | | | | | - | | | | | - | | | | |

CVV | | | | (3 digit code at back of card)

Expiry Date (MM/YY) _____

Amount authorised _____

☐ I hereby authorise Academy of Medicine, Singapore to charge my credit card for the registration fee(s) as indicated on this form

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Signature

Please send the signed form for credit card option or cheque payment to :

Workshop Secretariat:
College of Radiologists Singapore
c/o Academy of Medicine Singapore
81 Kim Keat Road
#11-00 NKF Centre
Singapore 328836

Alternatively, you may fax 6593 7880 or email crs@ams.edu.sg the signed form.