

REGISTRATION FORM

Sign up now and return the registration form via email to chi@nus.edu.sg

PART A: COURSE/SEMINAR DETAILS

Course/Seminar Title: _____

Course/Seminar Date: _____

PART B: PARTICIPANT'S PARTICULARS

Full name as per NRIC/Passport (Dr/Mr/Mrs/Mdm/Ms): _____

Nationality:

Singapore Citizen Singapore Permanent Resident Others (Please Specify): _____

NRIC (for Singaporean or Singapore Permanent Resident) / Passport Number (for Foreigner): _____

Home Address: _____ Postal Code: _____

Email: _____ Contact Number: _____

Are you a member of the following associations?

Pharmaceutical Society of Singapore (PSS)

Singapore Medical Association (SMA)

Singapore Nurses Association (SNA)

Special Dietary Requirements

Nil Vegetarian Halal Others (Please Specify): _____

PART C: PARTICIPANT'S COMPANY DETAILS

Company Name: _____

Company Address: _____ Postal Code: _____

Designation: _____ Department: _____

Healthcare Professional

IT Professional

Others (Please Specify): _____

PART D: PAYMENT DETAILS

Self-Sponsored

Cash

Cheque No.: _____

SkillsFuture Credit: _____

Company-Sponsored

Cheque No.: _____

Request for Invoice (please provide billing detail below)

Billing Company: _____

Billing Address: _____ Postal Code: _____

E-invoice (Sub-BU): _____ Contact Person (HR/Finance): _____ Designation: _____

Department: _____ Email: _____ Contact Number: _____

By signing up this registration form, you agree that Centre for Health Informatics (CHI) may collect, use and disclose your personal data, as provided in this application form, for the processing, administration & marketing operations of CHI.

Where do you get to know this programme?

- Referral Brochure Email Advertisement Facebook LinkedIn
 Twitter CHI Website Google Search Others: _____

Please bring cash/cheque payment on first day of the class.
Please make cheque payable to: **National University of Singapore**
For information on subsidies, please visit our website at <http://chi.nus.edu.sg/>
For more information, please email us at chi@nus.edu.sg or call (65) 6516 7364/ 6601 3348

Terms and Conditions for Course/Seminar Registration and Cancellation

1. A reservation is made upon submitting the completed registration form. Full Payment of Course/Seminar fee must be made on the first day of the Course/Seminar for self-sponsored participants.
2. Any course cancellation or replacement of applicants must be conveyed via email to Centre for Health Informatics at email: chi@nus.edu.sg, more than 5 working days before the first day of the Course/Seminar, or cancellation charges apply.

The following cancellation charges apply:

- A penalty fee equivalent to 100% of the Course/Seminar fee will be payable to CHI should the applicant withdraw 5 or less than 5 working days before the first day of the course/seminar. However, replacement is allowed without any charges.

The organizer reserves the right to modify or cancel the Courses/Seminars without prior notice.

If the minimum number of participants is not met or should unforeseen circumstances necessitate the cancellation of the Course/Seminar, there will be full refund of paid Course/Seminar fee to participants who had fully paid the Course/Seminar fees.