

10TH SINGAPORE PAEDIATRIC & PERINATAL ANNUAL CONGRESS (SiPPAC) 2022

Enhancing Multidisciplinary Care of Mothers & Children through Collaborative Models & Innovations

DINNER REGISTRATION FORM

Please send your completed form and payment to the following personnel by **4 November 2022 (FRIDAY)**.

Attn To: **Ms Rohaya / Ms Nurfidawati**
Perinatal Society of Singapore
C/O Department of Paediatrics
100 Bukit Timah Road
Office @ Level 3, Children's Tower
Singapore 229899

DID: (65) 6394 1127 / (65) 6377 8681
Fax: (65) 6291 7923
Email: rohaya.ithnin@khh.com.sg / nurfidawati.ramli@singhealth.com.sg

REGISTRATION DETAILS

Name:			
MCR No:			
Department:			
Organisation:			
Address:			
Contact Person:			
Mobile:	Office:		
Fax:	Email:		

NOTE:

- **No refund would be made for any cancellations.**
- Each round table can seat a maximum of 10 and will be served Chinese Menu by default.
- For Muslim and vegetarian menus, please indicate in the 'Dietary Preferences' columns accordingly.

PAYMENT		
Fees	Number of Tables	Amount Payable (SGD)
<input type="checkbox"/> S\$600.00 nett per table (members)		
<input type="checkbox"/> S\$1,200.00 nett per table (non-members / pharmaceutical)		
Total Amount Payable:		

Jointly Organised by:



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Mode of Payment:

<input type="checkbox"/> Cheque	<input type="checkbox"/> iBanking / Telegraphic Transfer
To be made payable to 'PERINATAL SOCIETY OF SINGAPORE' in Singapore Dollars.	*Please contact Ms Nurfidawati for the details.

Please provide the details of your guests below so as to assist us in coordinating the seating arrangements:

S/No	*Name of Spouse/Guests	Dietary Preferences (Please tick accordingly ✓)	
		Vegetarian	*Muslim*
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

NOTE:

- No refund would be made for any cancellations.
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- For Muslim and vegetarian menus, please indicate in the 'Dietary Preferences' columns accordingly.

Name of Host: _____

Total Number of Table (s) Purchased: _____

Signature: _____ Date: _____

Jointly Organised by:

