

17 – 18 August 2009, Orchard Hotel

REGISTRATION FORM

Personal Particulars:

Title: Prof. Dr. Mr. Mrs. Ms (tick appropriate box)

Given name: _____ Family name: _____

I/C or Passport No: _____ Preferred name on badge: _____

Affiliated organisation: _____ Designation: _____

Mailing address: _____

Postal code: _____

City: _____ Country: _____

Telephone: _____ Mobile: _____ Fax: _____

E-mail: _____

Emergency Contact Person & Number: _____

Registration fees (please circle and indicate)

	Early bird Registration Full payment on or before 17 July 2009	Normal Registration (After 17 July 2009)
Local / Overseas Participant	S\$240	S\$400
Participants from VWO (80% subsidy from VCF Grant) VCF Approval No: _____	S\$48	S\$80
Participants from MOE, Full-time School Counsellors and local students, please contact enquiry@sgpgconference.com.sg for special rate.		

Payment

Enclosed is my total payment of S\$_____ to be made through:

- Cheque** (Payable to "Ping Healthcare Pte Ltd".)
Please complete this form and mail together with the cheque to:
Singapore Problem Gambling Conference - Conference Secretariat
c/o 5 Upper Aljunied Link, #05-05, Quartz Industrial Building, Singapore 367903
Tel: (65) 6778 5620 Fax: (65) 6778 1372

- Credit card** – Visa/Mastercard (please delete accordingly)

Card no: _____ Expiry date: _____

Cardholder's name: _____ Signature: _____