

13<sup>TH</sup> SINGAPORE ISUOG COURSE  
In conjunction with the  
Combined Scientific Meeting of the  
College of O&G, Singapore and O&G Society of Singapore

10<sup>th</sup> to 12<sup>th</sup> February 2017  
Grand Hyatt Singapore

REGISTRATION FORM

PERSONAL DETAILS

Salutation:  Professor /  Associate Professor/  Dr /  Mr /  Mrs /  Ms

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_  
*(Country code followed by mobile phone number)*

Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

MCR Number (for local doctors only): \_\_\_\_\_

PROFESSION

Obstetrician  Gynaecologist  Fertility Specialist  Paediatrics/Neonatologist  
 Resident/MO/HO  Geneticist  Embryologist  Sonographer/Radiologist  
 Nurse  Midwife  Product Mgr/Rep  Others:

ROLE AT THIS CONGRESS

DELEGATE  Poster/Oral Presentation Abstract Author  Accompanying Person  
 Local Speaker  Overseas Speaker  Session Chair  Organising Committee

DIETARY REQUIREMENT

Indian Vegetarian  Chinese Vegetarian  Others (Subject to Availability):

FOR STATISTICAL REPORT – I came to know about this year's event via:

Medical Colleagues  Industry Colleagues  ISUOG  KK Women's & Children's Hospital  
 Academy of Medicine Singapore  Obstetrician & Gynaecological Society of Singapore  
 My local ObGyn Society  MIMS Website, App or E-newsletter  Poster / Leaflet / Mailer  
 Email Announcement  Journal Advertisement  Facebook  Event Calendar Listing

ELIGIBILITY FOR DISCOUNTED RATES (Where Applicable)

Year of AMS Fellowship (yyyy) \_\_\_\_\_  
Year of OGSS Membership (yyyy) \_\_\_\_\_  
ISUOG Membership Number \_\_\_\_\_

