



## REGISTRATION FORM

### 9<sup>th</sup> MULU RAFFLESIA HEART VALVE SYMPOSIUM

#### NOTE

1. Please complete the Registration Form and submit
  - (a) by email to [9mulusecretariat@gmail.com](mailto:9mulusecretariat@gmail.com) or
  - (b) by fax to (+65) 67336968

For enquiries, please email [9mulusecretariat@gmail.com](mailto:9mulusecretariat@gmail.com)
2. As in earlier meetings, the quorum is limited to 100 pax. Hence, we have no choice but to accept registrants on a first-come-first-served basis.
3. Registrants must stay the entire duration of the meeting i.e. arriving before noon on 7<sup>th</sup> November 2018 and departing no earlier than 11<sup>th</sup> November 2018.
4. Registration Fees:
  - (a) Physician USD1150 (b) Accompanying Person USD800 (c) Industry USD1500

N.B.: Once your registration is accepted, the Secretariat contact you regarding your flight details and payment procedure of your registration fee.

#### REGISTRATION DETAILS

Name:

Title (Designation):

Institution & Address:

Contact Details:

Mobile No.

Email Address

Number of accompanying person: