



6th Joint Meeting of the Society of Endodontists (Singapore) & Malaysian Endodontic Society



REGISTRATION FORM

Personal Particulars			
Full Name as in Passport/Identity Card (<u>underline Family Name</u>): Prof / Dr / Mr / Mrs / Ms*		DCR No. (Singapore dentist only):	
Mailing Address:		Category of Registration	
		<input type="checkbox"/> SES Member	
		<input type="checkbox"/> MES Member	
		<input type="checkbox"/> Non-member	
<input type="checkbox"/> Undergraduate/Full-time postgraduate		<input type="checkbox"/>	
Telephone No.(Home):	Telephone No.(Office):	Mobile Telephone No.:	E-mail address:
Fees			
Conference Registration Fee		Payment by:	
Limited Attendance Course Fee Workshop 1 (29 Aug 2008) Workshop 2 (1 Sep 2008) am/pm [#]		<input type="checkbox"/> Cash [^]	
		<input type="checkbox"/> Cheque/money order	
Dinner ticket x _____(number required)		Details of cheque/money order:	
Total payment			
Signature of Applicant:		Date:	
For Office Use Only			
Date Received:		Amount Received:	Date Approved by Committee:
Name of Approving Officer:		Signature of Approving Officer:	Notes:

* Delete as appropriate

Choose preference for morning or afternoon session

[^] Do not send cash by post

Payment should be made to: **"Society of Endodontists (Singapore)"**

Please send this completed application form together with payment to:

SES-MES Joint Meeting
c/o Asia Innovations Pte Ltd
11 Syed Alwi Road
#02-04 Teck Hong Long Building
Singapore 207629

Your registration will be valid at the point when payment in full is received by the organizers. Acceptance for Limited Attendance Workshops will be on a first come first served basis. An e-mail will be sent confirming your registration.