

Registration Form

Delegate Details

Title: Prof Dr Mr Mrs Ms

Full Name: _____

Name on Badge: _____

Affiliated Organisation/Institution: _____

Address: _____

State: _____ Postcode: _____ Country: _____

Phone: () _____ Mobile: () _____ Fax: () _____

E-mail: _____

Are you vegetarian? Yes No

Registration Rate

The Registration Fees do not include the Postgraduate Course. Please register below for the Postgraduate Course

Category	Early registration (before 1 st May 2010)	Registration (1 st May 2010 to 9 th September 2010)	Onsite (10 th September to time of meeting)	Amount
Doctors	<input type="checkbox"/> USD 400	<input type="checkbox"/> USD 450	<input type="checkbox"/> USD 600	
*Allied Health Personnel	<input type="checkbox"/> USD 200	<input type="checkbox"/> USD 250	<input type="checkbox"/> USD 300	
Postgraduate Course (19 th September 2010)	<input type="checkbox"/> USD 100	<input type="checkbox"/> USD 150	<input type="checkbox"/> USD 200	

* A letter of verification of the Allied Health Personnel status from the Head of Department/ Unit must be emailed to the Congress Secretariat upon registration.

Total

Payment

1. Credit Card

VISA Mastercard AMEX

I have authorised the **Asian Pacific Digestive Week 2010** to debit the total amount of USD _____ from my credit card for the settlement of the above mentioned fees.

Name of Card Holder: _____

Card Number: _____ Expiry Date (mm/yy): _____

Card Issuing Bank: _____

CBC Code: _____

* Visa/Master : The last three digits on the reverse side of your card

* Amex : The four digit number on the left/right side of the card

Card Holder's Signature: _____ Date (dd/mm/yy): _____

2. Company Cheque (for Malaysians only)

Cheque Number: _____ Issuing Bank: _____

Date of Transaction: _____

3. Local Order (for Malaysians only)

LO Reference No: _____

4. Telegraphic Transfer

T.T. Reference No: _____ T.T. Bank: _____

Date of Transaction: _____

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Terms and Conditions:

- All payments should be made in USD. International delegates can make payment by Credit card, or Telegraphic transfer. Malaysian delegates can make payment by Local cheque or Local order.
- Please note that all related bank charges, financial charges or credit card commission (5%) are to be borne by the delegates and are not to be deducted from the fees payable to the Congress.
- * Telegraphic Transfer (T.T) to the following:

Account Name : **APDW 2010**
Account No : **14710002621059**
Bank Name : **CIMB Bank**
Bank Address : **Plaza Damansara
Kuala Lumpur**
Bank Tel : **+603 2295 6100**
SWIFT code : **CIBBMYKL**

**Please fax the T.T slip to the Secretariat*

Confirmation

- Registration will only be confirmed upon receipt of **FULL PAYMENT**.
- Upon receipt of the payment, the Congress Secretariat will send you a confirmation letter via email.
- Please bring along the confirmation letter and present it at the time of Registration at the Congress

Cancellation Policy

- Cancellation of registration must be made in writing to the Secretariat. Refunds will only be made after the Congress.
 - Cancellation received on or before **1st May 2010** : 100% refund (minus an administration fees of USD 30)
 - Cancellation received between **2nd May 2010 and 15th August 2010** : 50% refund
 - Cancellation received after **15th August 2010** : No refund

**Early Registration Deadline
1st May 2010**