

## 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*

Type of Registration	Early registration (before 1 <sup>st</sup> May 2010)	Registration (1 <sup>st</sup> May 2010 to 9 <sup>th</sup> September 2010)	Onsite (10 <sup>th</sup> 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 <sup>th</sup> September 2010)	<input type="checkbox"/> USD 100	<input type="checkbox"/> USD 150	<input type="checkbox"/> USD 200	
<b>Total</b>				<input style="width: 100px; height: 20px;" type="text"/>

*\*A letter of verification of the Allied Health Personnel status from the Head of Department/ Unit must be enclosed*

### 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: \_\_\_\_\_

## Registration Form

### 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 **1<sup>st</sup> May 2010** : 100% refund (minus an administration fee of USD50)
  - Cancellation received between **2<sup>nd</sup> May 2010 and 15<sup>th</sup> August 2010** : 50% refund
  - Cancellation received after **15<sup>th</sup> August 2010** : No refund

**Early Registration Deadline  
1<sup>st</sup> May 2010**