



25th Singapore Pharmacy Congress Pioneering Care for Tomorrow

12-13 September 2015 • Grand Copthorne Waterfront Hotel, Singapore

Gala Dinner Registration Form

S/N	Full Name	Email	Dietary requirements	25 th SPC Delegate (\$)	PSS member (\$)	Non-PSS member/ Foreign delegate (\$)
1				<input type="checkbox"/> 50 Rgn no: _____	<input type="checkbox"/> 90 (Individual) <input type="checkbox"/> 500 (Table of 10)	<input type="checkbox"/> 150 (Individual) <input type="checkbox"/> 1500 (Table of 10)
2				<input type="checkbox"/> 50 Rgn no: _____	<input type="checkbox"/> 90 (Individual) <input type="checkbox"/> 500 (Table of 10)	<input type="checkbox"/> 150 (Individual) <input type="checkbox"/> 1500 (Table of 10)
3				<input type="checkbox"/> 50 Rgn no: _____	<input type="checkbox"/> 90 (Individual) <input type="checkbox"/> 500 (Table of 10)	<input type="checkbox"/> 150 (Individual) <input type="checkbox"/> 1500 (Table of 10)
4				<input type="checkbox"/> 50 Rgn no: _____	<input type="checkbox"/> 90 (Individual) <input type="checkbox"/> 500 (Table of 10)	<input type="checkbox"/> 150 (Individual) <input type="checkbox"/> 1500 (Table of 10)
5				<input type="checkbox"/> 50 Rgn no: _____	<input type="checkbox"/> 90 (Individual) <input type="checkbox"/> 500 (Table of 10)	<input type="checkbox"/> 150 (Individual) <input type="checkbox"/> 1500 (Table of 10)
6				<input type="checkbox"/> 50 Rgn no: _____	<input type="checkbox"/> 90 (Individual) <input type="checkbox"/> 500 (Table of 10)	<input type="checkbox"/> 150 (Individual) <input type="checkbox"/> 1500 (Table of 10)
7				<input type="checkbox"/> 50 Rgn no: _____	<input type="checkbox"/> 90 (Individual) <input type="checkbox"/> 500 (Table of 10)	<input type="checkbox"/> 150 (Individual) <input type="checkbox"/> 1500 (Table of 10)
8				<input type="checkbox"/> 50 Rgn no: _____	<input type="checkbox"/> 90 (Individual) <input type="checkbox"/> 500 (Table of 10)	<input type="checkbox"/> 150 (Individual) <input type="checkbox"/> 1500 (Table of 10)
9				<input type="checkbox"/> 50 Rgn no: _____	<input type="checkbox"/> 90 (Individual) <input type="checkbox"/> 500 (Table of 10)	<input type="checkbox"/> 150 (Individual) <input type="checkbox"/> 1500 (Table of 10)
10				<input type="checkbox"/> 50 Rgn no: _____	<input type="checkbox"/> 90 (Individual) <input type="checkbox"/> 500 (Table of 10)	<input type="checkbox"/> 150 (Individual) <input type="checkbox"/> 1500 (Table of 10)
				Total:		

*Disclaimer: Seating arrangement will be subject to availability, priority will be given to groups with full 10 members.

Payment

Enclosed is my total payment of SGD _____ to be made through:

- ☐ **Cheque** (Payable to "Singapore Pharmacy Congress")
Please complete this form and mail together with the cheque to:
25th Singapore Pharmacy Congress Secretariat - Ping Healthcare Pte Ltd
20 Sin Ming Lane #06-55 Midview City Singapore 573968
Tel: +65 6778 5620 Fax: +65 6778 1372 Email: 25spc@pinghealthcare.com
- ☐ **Credit card** – Visa/Mastercard (please delete accordingly)

Card No.: _____ Expiry date: _____ 3-digit security code: _____

Cardholder's name: _____ Signature: _____