

REGISTRATION FORM

14TH ANNUAL COLPOSCOPY COURSE, 1 MARCH 2009
National Cancer Centre Singapore



DELEGATE DETAILS

Title: Professor / Dr / Mr / Mrs / Ms

Family Name _____ Given Name _____

Institution _____

Address _____

Country _____ Postal _____

Telephone _____ Facsimile _____

Email _____ MCR No. _____

REGISTRATION FEE

SCCPS Member: SGD80.00

Non Member: SGD125.00

PAYMENT

Cheque should be crossed and made payable to

“The Society for Colposcopy & Cervical Pathology of Singapore”

15TH ANNUAL ORATION DINNER, 28 FEBRUARY 2009

Hai Tien Lo Restaurant, Pan Pacific Singapore

Please register me for the Oration Dinner
(seats are limited, first-come-first-served basis)

Please complete the Registration Form and return it together with payment to:

Ms Michelle Choy / Mr Jay Tan, Secretariat

The Society for Colposcopy & Cervical Pathology of Singapore

c/o 17 Jalan Mesin #04-01, Lee Hwa Industrial Building, Singapore 368816

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