



# 4<sup>TH</sup> CONGRESS OF AAMLS

## 24<sup>TH</sup> ASM OF SAMLS

*"Laboratory Challenges and Emerging Technologies"*



2 - 4 October 2013 Singapore

### Registration Form - For Group Packages of 5 Delegates

#### Group Packages

- 5 delegates: 10% off full registration fee
- 6 – 10 delegates: 15% off full registration fee
- 11 – 15% off full registration fee
- 16 delegates & above: 25% off full registration fee

#### (i) Contact Person

<input type="checkbox"/> Prof	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	Please return before 15 Aug 2013	
Family Name (Underline)/First Name/Initials					Congress Secretariat (Registration) 4 <sup>th</sup> Congress of AAMLS 2013 c/o Citystate Conference & Exhibition 11 Keppel Road, ABI Plaza #09-01, Singapore 089057 Tel (65) 63897833 Fax (65) 63721793 Email: <a href="mailto:registration-aamls2013@samls.org">registration-aamls2013@samls.org</a> Website: <a href="http://www.aamls-samls2013.samls.org">www.aamls-samls2013.samls.org</a>
<input type="checkbox"/> Institute	<input type="checkbox"/> Hospital	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Clinic	<input type="checkbox"/> Others	

#### Department

#### Address 1

#### Address 2

Postal Code/Zip Code	City/State	Country
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E-mail	Telephone/Mobile	Fax
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#### (ii) Scientific Programme

	Before 15 Aug 2013	On & After 15 Aug 2013
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##### AAMLS Member:

• Delegate	<input type="checkbox"/> Please tick (v)	S\$400	S\$500
• Accompanying Person	<input type="checkbox"/> Please tick (v)	S\$300	S\$300

##### Non-AAMLS Member:

• Delegate	<input type="checkbox"/> Please tick (v)	S\$500	S\$600
• Accompanying Person	<input type="checkbox"/> Please tick (v)	S\$375	S\$375

Student Registration	<input type="checkbox"/> Please tick (v)	S\$200	S\$200
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#### (iii) Official Programme

• Opening Ceremony (2 October 2013)	
• Welcome Reception (2 October 2013)	Complimentary
• Gala Night (3 October 2013)	Complimentary
• Laboratory Tour A (3 October 2013)	Complimentary
• Laboratory Tour B (3 October 2013)	Complimentary

**(iv) Name of Delegates (For 6 delegates & above, please print additional copy)**

**Delegate 1**

Prof  Dr  Mr  Ms  AAMLS MEMBER  NON-AAMLS MEMBER  STUDENT

**Family Name (Underline)/First Name**

**Institute/Hospital/Laboratory**

**Address 1**

**Address 2**

Postal Code/Zip Code	City/State	Country
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Telephone/Mobile	Email
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**Delegate 2**

Prof  Dr  Mr  Ms  AAMLS MEMBER  NON-AAMLS MEMBER  STUDENT

**Family Name (Underline)/First Name**

**Institute/Hospital/Laboratory**

**Address 1**

**Address 2**

Postal Code	City/State	Country
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Telephone/Mobile	Email
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**Delegate 3**

Prof  Dr  Mr  Ms  AAMLS MEMBER  NON-AAMLS MEMBER  STUDENT

**Family Name (Underline)/First Name**

**Institute/Hospital/Laboratory**

**Address 1**

**Address 2**

Postal Code	City/State	Country
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Telephone/Mobile	Email
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**Delegate 4**

Prof  Dr  Mr  Ms  AAMLS MEMBER  NON-AAMLS MEMBER  STUDENT

**Family Name (Underline)/First Name**

**Institute/Hospital/Laboratory**

**Address 1**

**Address 2**

Postal Code	City/State	Country
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Telephone/Mobile	Email
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**Delegate 5**

Prof  Dr  Mr  Ms  AAMLS MEMBER  NON-AAMLS MEMBER  STUDENT

**Family Name (Underline)/First Name**

**Institute/Hospital/Laboratory**

**Address 1**

**Address 2**

Postal Code	City/State	Country
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Telephone/Mobile	Email
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<b>(v) Payment</b>									
<input type="checkbox"/> Visa		<input type="checkbox"/> Master Card		Total Amount					
Card No.				Expiry Date	CVV2 Code				
Name as shown on Card				Passport No.					
<b>(vi) Bank Details</b>									
DBS Bank Account: aamls-samls2013									
Bank charges are the responsibility of the payer and should be paid at source to the registration fee. Payment via bank transfer (to be accompanied with TT approval form) is subject to receipt of confirmation from the bank. The charge will be made in SINGAPORE DOLLARS.									
<b>(vii) Cancellation Policy</b>									
The registration fee will be refunded upon receipt of a written notice of cancellation as follows:									
• Before 15 Aug 2013:		100% refund of registration fee less administrative fee of S\$20							
• Between 16 Aug to 15 Sep 2013:		50% refund of registration fee less administration fee of S\$20							
• After 15 Sep 2013:		No refund							
Date									
Name & Signature of Contact Person									
Please email to <a href="mailto:registration-aamls2013@samls.org">registration-aamls2013@samls.org</a>									

**NOTE:**

1. Group packages discount are offered only to the delegates who are listed in this registration form.
2. Group packages registration fee payment will be paid by the Contact Person.