



4TH CONGRESS OF AAMLS 24TH 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

☐ Prof ☐ Dr ☐ Mr ☐ Ms

Please return before 15 Aug 2013

Family Name (Underline)/First Name/Initials

Congress Secretariat (Registration)
4th Congress of AAMLS 2013
c/o Citystate Conference & Exhibition
11 Keppel Road, ABI Plaza
#09-01, Singapore 089057

☐ Institute ☐ Hospital ☐ Laboratory ☐ Clinic ☐ Others

Tel (65) 63897833 Fax (65) 63721793
Email: registration-aamls2013@samls.org
Website: www.aamls-samls2013.samls.org

Department

Address 1

Address 2

Postal Code/Zip Code

City/State

Country

E-mail

Telephone/Mobile

Fax

(ii) Scientific Programme

**Before
15 Aug 2013**

**On & After
15 Aug 2013**

AAMLS Member:

- Delegate ☐ Please tick (✓)
- Accompanying Person ☐ Please tick (✓)

S\$400

S\$500

S\$300

S\$300

Non-AAMLS Member:

- Delegate ☐ Please tick (✓)
- Accompanying Person ☐ Please tick (✓)

S\$500

S\$600

S\$375

S\$375

Student Registration

☐ Please tick (✓)

S\$200

S\$200

(iii) Official Programme

• Opening Ceremony (2 October 2013)

• Welcome Reception (2 October 2013)

• Gala Night (3 October 2013)

• Laboratory Tour A (3 October 2013)

• Laboratory Tour B (3 October 2013)

Complimentary

Complimentary

Complimentary

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

Telephone/Mobile

Email

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

Telephone/Mobile

Email

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

Telephone/Mobile

Email

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

Telephone/Mobile

Email

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

Telephone/Mobile

Email

(v) Payment															
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card												Total Amount			
Card No.												Expiry Date		CVV2 Code	
Name as shown on Card												Passport No.			
(vi) Bank Details															
DBS Bank Account: aamlis-samlis2013															
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.															
(vii) Cancellation Policy															
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 registration-aamlis2013@samlis.org															

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**.