



CONFERENCE REGISTRATION

PLEASE DOWNLOAD THIS FORM & FAX TOGETHER WITH BANK CONFIRMATION SLIP TO THE SECRETARIAT

TeleFax. No: (+63 2) 809-9229 E-mail: tony_ang15@yahoo.com

PLS. WRITE IN BLOCK LETTERS (Name to appear in certificate)

Title: Prof. / Dr.

LAST NAME FIRST NAME MIDDLE NAME

Country: _____

Institution: _____

Organization: _____

Complete Mailing address: _____

Tel No: _____ Fax No: _____ E-mail: _____

ACCOMPANYING PERSON: Dr. / Mr. / Ms.

LAST NAME FIRST NAME MIDDLE NAME

REGISTRATION FEE *	ON / BEFORE AUG 28, 2008	AFTER AUG 28, 2008
DELEGATE	US \$ 330	US \$ 380

* Add USD 15 for Bank drafts, Telegraphic transfer & Cheques

1. DEADLINE FOR REGISTRATION: **NOVEMBER 15, 2008**
2. REGISTRATION WILL HAVE TO BE CONFIRMED BY SECRETARIAT.
3. CONFIRMATION WILL BE SENT BY E-MAIL UPON RECEIPT OF REGISTRATION FORM & PAYMENT.
4. THIS CONFERENCE IS FOR DERMATOLOGISTS ONLY.

Delegate's registration fee includes admission to forums, conference meals and fellowship dinner.
Accompanying person may join the fellowship dinner for US \$ 60.

Refund Policy: Cancellation received in writing on or before **OCTOBER 15, 2008** will be refunded **LESS USD 50** for administrative cost.
After this date, **NO REFUNDS** are possible. Refunds will be processed after the conference.

PAYMENTS MAY BE MADE THROUGH CREDIT CARD:

I hereby authorize ADLAS to charge my credit card (VISA & MASTERCARD only):

Credit Card Type (Visa / Mastercard) : _____

Credit Card No. : _____

Batch Code (last three digits at the back of the card) : _____

Expiry month and year : _____

Name of Card Holder : _____

Signature of Card Holder : _____

OR THROUGH TELEGRAPHIC TRANSFER (NET OF BANK CHARGES) TO:

Account Name : Asian Dermatologic Laser and Surgery Study and Research Group
Account No : 359 300 435 8
Bank Name : United Overseas Bank Limited
Bank Address : 80 Raffles Place, UOB Plaza1, Singapore048624
Bank Code : 7375
Branch Code : 029
Swift Code : UOVBSGSG

OR BY BANK DRAFT PAYABLE TO: Asian Dermatologic Laser and Surgery Study and Research Group

Send to : Dr. Joyce Lim
290 Orchard Road #11-16/20
Paragon Medical Suites
Singapore 238859