

# Participant's Details

Please complete this form in BLOCK letters. A separate registration form must be used for each participant.

**Full Name**

**DCR**

(For Singapore Dentists Only)

**Mailing Address**

(If it is the office address, please indicate the name of the clinic / institution / company)

**Email**

(Mandatory)

**Contact**

(Please include FULL international dialing code for foreign numbers)

Office

Mobile

**Enquiry**

Tel **6220 2588**

Fax **6224 7967**

Email **ses2018@sda.org.sg**

Mailing Address

**Society of Endodontists (Singapore)  
c/o Conference Management Committee  
Singapore Dental Association  
2 College Road Singapore 169850**

Registration Fees	Registration before 27 <sup>th</sup> Oct 2018 (inclusive)	On-site Registration
SES Member	<input type="checkbox"/> S\$ 200	<input type="checkbox"/> S\$ 450
Non-SES Member	<input type="checkbox"/> S\$ 250	<input type="checkbox"/> S\$ 450

## Payment Mode

Cheque  Credit Card (VISA / MASTERCARD)  Fund Transfer (please indicate your name or DCR number as reference)

Credit Card (VISA / MASTERCARD)	Fund Transfer (please indicate your name or DCR number as reference)
Card Holder's Name _____	<b>Bank Account Name : Society of Endodontists (S)</b>
Card No _____	<b>Bank Name : DBS Bank Ltd</b>
Amount _____	<b>Bank Address : 6 Shenton Way, DBS Building, Singapore 068809</b>
Expiry Date (MM/YY) _____	<b>Bank SWIFT Code : DBSSGSG</b>
Signature / Date _____	<b>Bank Code : 7171    Branch Code: 067</b>
	<b>Bank Account Number : 0670013450</b>

### Registration Policy

1. For cheque payment, please make payable to "Society of Endodontists (S)".
2. Your registration will be valid when payment is received in full by the organisers.
3. The organisers reserve the right to amend any part of the programme without giving prior notice should the need arise.
4. The organizers reserve the right to cancel the conference or any part thereof without prior notice in the events beyond the control of the organisers.
5. For onsite registration, only credit card and cash payments in Singapore dollars (SGD) will be accepted.
6. Registration will close on 27<sup>th</sup> October 2018 (2359 GMT+8), thereafter the registration will be processed on-site only

### Cancellation Policy

Cancellation Period	Amount Refunded
Up to 27 <sup>th</sup> October 2018 (inclusive)	50%
After 27 <sup>th</sup> October 2018	NO REFUND

1. Cancellation must be made in writing, by fax or email to Society of Endodontists (Singapore).  
(Fax: +65 6224 7967 or email to ses2018@sda.org.sg)
2. All cancellation deadlines are based on 27<sup>th</sup> October 2018 (2359 GMT+8)
3. Refunds will be made nett of bank charges and administrative charges.
4. Please allow up to 60 days for refund processing after the event.