COLA 2009
10th Annual Conference on Laser Ablation
22-27 November 2009 • http://www.cola2009.org/

REGISTRATION FOR ACCOMPANYING PERSON(S)

Please write (in CAPITAL LETTERS) your name and details.

Salutatory Title: Surname:

First Name:

Organisation:

Accompanying Person 1:

Accompanying Person 2:

Accompanying Person 3:

Accompanying Person 4:

Accompanying Person 5

Country:

Telephone: Fax:

Email:

SOCIAL FUNCTION REGISTRATION FEE

PAYMENT MUST ACCOMPANY THIS REGISTRATION

Please tick and indicate the quantities:	
Excursion	☐ S$ 50 x _____ = S$
Conference Dinner	☐ S$100 x _____ = S$
Post-Conference Tour	☐ S$ 50 x _____ = S$
Total	S$

MODE OF PAYMENT

Payment must be made in **SGD** by local cheque, bank draft, telegraphic transfer or credit card (Visa, Mastercard or American Express) and must be received prior to commencement of conference.

☐ **Payment by Credit Card**

☐ **Payment by Bank Draft** [Payable to "**National University of Singapore**"]

☐ **Payment by Telegraphic Transfer**
Please quote conference reference on all bank transactions:
COLA 2009

PAYMENT BY CREDIT CARD

Only following cards accepted:

☐ **VISA** ☐ **MASTERCARD** ☐ **AMEX**

Credit Card No:

Expiry Date: __ __ / __ __ __ __ *(mm / yyyy)*

Cardholder's Name:

I hereby authorize COLA 2009 Secretariat to charge my card in the amount of:

SGD: _____

Signature of Cardholder:

Date:

PAYMENT BY TELEGRAPHIC TRANSFER (SGD)

All banking charges should be borne by registrant. Kindly attach a copy of your bank advice slip with this registration form.

Account Name : National University of Singapore
Bank Account No. : 032-000313-3
Bank Name : DBS Bank Ltd, Singapore
Branch : DBS Great World City
Swift Code : DBSSSGSG
Address of Bank : 6 Shenton Way,DBS Building Singapore 068809
Reference : **COLA 2009**

DIETARY PREFERENCE

Chinese Menu with no pork/lard will be served. If you have any special dietary preference, kindly indicate accordingly:

_____

CONTACT INFORMATION

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Email: cola2009@nus.edu.sg

For Official Use Only
Date Received: _____
Receipt No.: _____
Processed by: _____