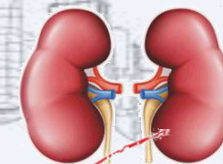


## Joint 3<sup>rd</sup> Primer in Paediatric Nephrology for Asia and 3<sup>rd</sup> IPNA-AsPNA Master for Junior Classes

Organised in conjunction with 7<sup>th</sup> Wong Hock Boon  
Paediatric Masterclass



Organised by:



Yong Loo Lin School of Medicine



Singapore Society of  
Nephrology



Asian Pediatric Nephrology  
Association (AsPNA)



**Venue: NUHS Tower Block Auditorium, 1E Kent Ridge Road, Singapore 119228**

**NEW**

### Pre-Primer Research Workshop:

**14 Aug 2018 (Tues), afternoon**

A half-day workshop to provide clinicians from developing countries basic knowledge on research methodology.

Limited to first **100** registrants

**Complimentary** for Main CME Course participants

### Interactive CME Course

**Focus: Glomerular diseases**

**15–17 Aug 2018 (Wed to Fri)**

An intensive interactive course with case-based discussions and updates, targeted at paediatric nephrologists and pediatricians.

Limited to first **250** registrants

Fee : SGD200 (before 30 Jun 2018)

On-site : SGD240  
(Both inclusive of GST)

### Hands-on Dialysis Workshop:

**18 Aug 2018 (Sat)**

A hands-on full-day workshop to provide in-depth small-group learning on concepts related to CRRT, peritoneal dialysis and hemodialysis in children.

Limited to first **100** registrants

Fee : SGD90 (before 30 Jun 2018)

On-site: SGD130  
(Both inclusive of GST)

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Organised by:



Sponsored by:



Singapore Society of Nephrology



Asian Pediatric Nephrology Association (AsPNA)



## REGISTRATION FORM

**NOTE: RESEARCH AND DIALYSIS WORKSHOPS ARE LIMITED TO 100 REGISTRANTS ONLY**

c/o Department of Paediatrics, Yong Loo Lin School of Medicine, National University Health System  
KTP-National University Children's Medical Institute, NUHS Tower Block, Level 12, 1E Kent Ridge Road, Singapore 119228  
Fax: (65) 6779-7486 | Email: [paev15@nus.edu.sg](mailto:paev15@nus.edu.sg)

### PERSONAL PARTICULARS (PLEASE PRINT IN CAPITAL LETTERS)

Prof     Assoc Prof     Asst Prof     Dr     Mr     Ms     Mrs     Mdm

Full Name: [Underline Family Name]					
Department					
Organization / Institution:					
Mailing Address:					
Country:		Postal Code:			
E-mail:		Contact Tel No:		Fax No:	

*(International attendees, please include country and city code for phone and fax)*

### REGISTRATION FEES (ALL RATES QUOTED IN SGD)

	Early Registration Fee before 30 June 2018		Standard / On-site Registration Fee From 1 July 2018 onwards		Total Amount (SGD)
	Course Fee	Dialysis Workshop	Course Fee	Dialysis Workshop	
Registration Fee (Per Person)	SGD 200 <input type="checkbox"/>	SGD 90 <input type="checkbox"/>	SGD 240 <input type="checkbox"/>	SGD 130 <input type="checkbox"/>	

I would like to attend the complimentary Pre-Primer Research Workshop. I understand that if I do not attend this workshop, a fee of SGD\$50 will be imposed.

### PAYMENT OPTIONS (select one option - payment of registration fee **must** accompany this form. You are NOT registered until payment is made).

Singapore cheque / bank draft enclosed (Payable to **National University of Singapore** in Singapore Dollars). All bank charges must be paid at source.

CREDIT CARD [please select one]                       VISA                       MASTERCARD

Card Member's Name: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ (MM/YY)

I hereby authorize National University of Singapore to charge my **visa / mastercard\*** for the total payment of SGD\$\_\_\_\_\_ on behalf of Department of Paediatrics, School of Medicine, Yong Loo Lin School of Medicine, National University Health System. Please note that '**National University of Singapore**' will appear on your bank statement.

\_\_\_\_\_  
Signature (as per credit card)

\_\_\_\_\_  
Date

**Additional Information**

- Payment must accompany this form.
- To avoid duplicate registrations, do not mail the original Registration Form if you have faxed the Form earlier. **Please note to print, sign, scan or fax or email the form to us.**
- For information on your registration status, please contact Ms Faridah at [paev15@nus.edu.sg](mailto:paev15@nus.edu.sg).

**Cancellations & Refunds**

- Cancellations must be submitted in writing to Ms Faridah at [paev15@nus.edu.sg](mailto:paev15@nus.edu.sg) at least 4 weeks before the course.
- **Refund schedule:** cancellation before/on 30 June 2018 – Refund with 50% deduction for administrative fee. Cancellation after 30 June 2018 – Refund with 30% deduction for administrative fee.
- All refunds will be processed after the conference.
- **No refunds will be given after 1 July 2018.**
- Replacement of participants will be accepted at no extra charge provided a written request is submitted to Ms Faridah at [paev15@nus.edu.sg](mailto:paev15@nus.edu.sg) by 1 July 2018.

**For catering purposes, please tick dietary preference:**

[Food is from Halal Certified Caterer]

 Non-Vegetarian Vegetarian

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 **Agreement to terms and conditions:**

- I wish to register for the 3<sup>rd</sup> Primer in Pediatric Nephrology for Asia, Singapore and acknowledge the registration terms including the cancellation policy.
- I understand all information provided will be kept confidential by NUH/NUHS/NUS.

\_\_\_\_\_  
Registrant's signature\_\_\_\_\_  
Date