

Email*:

(Please write name in **BLOCK** letters) Prefix: Prof. Dr. Mr. Ms.

First Name*:

Last Name*:

Note*: First Name + Last or Family Name will appear on your Badge and Certificate.

Are you a buyer with direct purchasing authority for your company?*: Yes No

Mobile Phone*: +

Work Phone*: +

Company Name*:

GST No. (if applicable):

Address*:

P. O. Box :

City*:

State:

Postal Code:

Country*:

Department/Function *: (Select Only one)

- | | |
|---|---|
| <input type="checkbox"/> Medical Professional | <input type="checkbox"/> Management |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Media & PR |
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Procurement |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Research & Development |
| <input type="checkbox"/> IT | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Student |

Seniority *: (Select Only one)

- Associate
 Chief
 Employee
 Executive
 Head of Department
 Middle Management
 Partner
 President
 Sole Proprietor - Owner

Company Activity *: (Select all that applies)

- Ministry of Health
 Government Health Authority
 Aesthetic Clinic
 Agent
 Beauty Salon
 Clinic
 Dermatologist Practice
 Distributor
 Higher Education
 Hospital
 Importer
 Manufacturer of Anti-Aging Products & Equipment
 Manufacturer of Dermatology Equipment & Devices
 Manufacturer of Dermocosmetics & Skincare Products
 Manufacturer of Disposables
 Manufacturer of Haircare - Hairloss Products & Equipment
 Manufacturer of Laser Equipment
 Manufacturer of Pharmaceuticals - Drugs
 Media
 Medical Spa
 Trade Association
 Other

Job Title *: (Select Only one)

- | | |
|--|---|
| <input type="checkbox"/> Aesthetic Specialist | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> Aesthetic Surgeon | <input type="checkbox"/> Resident |
| <input type="checkbox"/> Assistant | <input type="checkbox"/> Technician |
| <input type="checkbox"/> Auxiliary | <input type="checkbox"/> Account Manager |
| <input type="checkbox"/> Beautician | <input type="checkbox"/> Chief Executive Officer |
| <input type="checkbox"/> Dermatologist | <input type="checkbox"/> Chief Financial Officer |
| <input type="checkbox"/> Dean | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> General Practitioner | <input type="checkbox"/> Director |
| <input type="checkbox"/> Hair Specialist | <input type="checkbox"/> Editor in Chief |
| <input type="checkbox"/> Institutional Buyer | <input type="checkbox"/> Journalist |
| <input type="checkbox"/> Laser Specialist | <input type="checkbox"/> Manager |
| <input type="checkbox"/> Medical Spa Therapist | <input type="checkbox"/> Publisher |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Student |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Other, <i>please specify</i> |
| <input type="checkbox"/> Physician | |

Areas of Interest *: (Select all that applies)

- Aesthetic Products (BTX, Fillers, Injectables, Implants)
 Anti-Aging
 Clinics Software & IT
 Dermatology Equipment & Devices
 Dermocosmetics - Skincare
 Disposables
 Educational Derma & Aesthetic Programs
 Haircare / Hairloss
 Laser Equipment
 Pharmaceuticals / Drugs
 Surgical Equipment
 Wellness / Body Contouring

<p>Note:</p> <ul style="list-style-type: none"> Registration is for the whole duration of the course / conference. We recommend arriving early to get a seat. The participants should understand that the speakers provide only their perspective of any new techniques and procedures; and potential risks might be possible if it is applied into clinical practice without sufficient training and/or supervision. For Registration Terms and Conditions, please visit http://asiaderma.sg/wp-content/uploads/2018/07/Asia-Derma-Registration-Terms-and-Conditions-2018.pdf Children below the age of 18 will not be permitted entry to the conference and exhibition halls. For Visa assistance kindly fill in the form that you can download from www.ica.gov.sg Prices above are subject to prevailing 7% GST 	Conference 5 - 7 December 2018 Physicians	Early Bird Registration until 31 st of AUGUST 2018	Pre-Registration until 3 rd of DECEMBER 2018	On-Site Registration from 4 th to 7 th of DECEMBER 2018
	Non-Physicians, Students	<input type="checkbox"/> SGD 900	<input type="checkbox"/> SGD 1,035	<input type="checkbox"/> SGD 1,120
	Entitlements: Conference Materials, Lunch, Coffee Breaks and Accredited Certificate	<input type="checkbox"/> SGD 540	<input type="checkbox"/> SGD 675	<input type="checkbox"/> SGD 740

PAYMENT can be made either by cash or credit card to: **INDEX Holding Singapore PTE. LTD.**

PAYMENT DETAILS Cash Visa Master Card

Credit Card No.

Expiry Date / /
MONTH YEAR

Name on Card

AUTHORIZATION NOTE: Please debit my credit card with an amount of SGD **+7% GST.** I, (card holder name) will honor this transaction and not hold **INDEX Holding Singapore PTE. LTD.** responsible if the credit card number has been compromised.

CANCELLATION POLICY: I understand that the above mentioned charges per registration will be non-refundable.

Date: _____ / _____ / _____ Signature: _____

Reregistration Inquiries

Tel: +65 69091943 | Email: registration@asiaderma.sg | Website: asiaderma.sg



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