

Email\*:

(Please write name in **BLOCK** letters) Prefix:  Prof.  Dr.  Mr.  Ms. MCR Number:       (for doctors practicing in Singapore only)

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                |

**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             |   |

**Seniority\*:**  (Select Only one)

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

**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  
 Hair Equipment  
 Pharmaceuticals / Drugs  
 Surgical Equipment  
 Wellness / Body Contouring

**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

<p><b>Note:</b></p> <ul style="list-style-type: none"> <li>Registration is for the whole duration of the course / conference. We recommend arriving early to get a seat.</li> <li>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.</li> <li>For Registration Terms and Conditions, please visit <a href="http://asiaderma.sg/wp-content/uploads/2018/07/Asia-Derma-Registration-Terms-and-Conditions-2018.pdf">http://asiaderma.sg/wp-content/uploads/2018/07/Asia-Derma-Registration-Terms-and-Conditions-2018.pdf</a></li> <li>Children below the age of 18 will not be permitted entry to the conference and exhibition halls.</li> <li>For Visa assistance kindly fill in the form that you can download from <a href="http://www.ica.gov.sg">www.ica.gov.sg</a></li> <li><b>All Prices above include 7% GST.</b></li> </ul>	<b>Conference</b> 5 - 7 December 2018 Physicians	Early Bird Registration until 31 <sup>st</sup> of AUGUST 2018	Pre-Registration until 26 <sup>th</sup> of NOVEMBER 2018	On-Site Registration from 4 <sup>th</sup> to 7 <sup>th</sup> of DECEMBER 2018
	<b>Non-Physicians, Students</b>	<input type="checkbox"/> SGD <b>963</b>	<input type="checkbox"/> SGD <b>1,107.45</b>	<input type="checkbox"/> SGD <b>1,198.40</b>
	<input type="checkbox"/> SGD <b>577.80</b>	<input type="checkbox"/> SGD <b>722.25</b>	<input type="checkbox"/> SGD <b>791.80</b>	

**Entitlements:** Conference Materials, Lunch, Coffee Breaks and Accredited Certificate

**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

**AUTHORISATION NOTE:** 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](mailto:registration@asiaderma.sg) | Website: [asiaderma.sg](http://asiaderma.sg)



**INDEX Holding Singapore PTE. LTD.** GST Reg. No.: 201802507N  
 1 Raffles Boulevard, Suntec City, Level 3 - Venue Management Office, Singapore 039593,  
 Tel: +65 6337 2888 | Email: [info@asiaderma.sg](mailto:info@asiaderma.sg) | Website: [asiaderma.sg](http://asiaderma.sg)