

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)

- | |
|--|
| <input type="checkbox"/> Associate |
| <input type="checkbox"/> Chief |
| <input type="checkbox"/> Employee |
| <input type="checkbox"/> Executive |
| <input type="checkbox"/> Head of Department |
| <input type="checkbox"/> Middle Management |
| <input type="checkbox"/> Partner |
| <input type="checkbox"/> President |
| <input type="checkbox"/> Sole Proprietor - Owner |

Areas of Interest*: (Select all that applies)

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

Company Activity*: (Select all that applies)

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

Conference	DUBAI DERMA OFFER Until 20 March	Early Bird Until 31 July 2019	Pre-Registration Until 27 October 2019	On-site 30 October to 2 November 2019
Physicians	<input type="checkbox"/> SGD 675	<input type="checkbox"/> SGD 900	<input type="checkbox"/> SGD 1,035	<input type="checkbox"/> SGD 1,120
Non-Physicians, Students	<input type="checkbox"/> SGD 405	<input type="checkbox"/> SGD 540	<input type="checkbox"/> SGD 675	<input type="checkbox"/> SGD 740

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

- Note:**
- 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**

Payments to be made by Bank Transfer | **Beneficiary:** INDEX Holding Singapore PTE Ltd | **Beneficiary's account number:** # 003-954587-8
DBS SWIFT / BIC: DBSSSGSG | **Beneficiary Bank:** DBS Bank Ltd | 12 Marina Boulevard | DBS ASIA CENTRAL MBFC TOWER 3 | SINGAPORE 018982

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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