

*Mandatory

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*:

<p>Department/Function *: <input checked="" type="checkbox"/> (Select Only one)</p> <p><input type="checkbox"/> Medical Professional <input type="checkbox"/> Management</p> <p><input type="checkbox"/> Administration <input type="checkbox"/> Marketing</p> <p><input type="checkbox"/> Customer Service <input type="checkbox"/> Media & PR</p> <p><input type="checkbox"/> Distribution <input type="checkbox"/> Operations</p> <p><input type="checkbox"/> Finance <input type="checkbox"/> Procurement</p> <p><input type="checkbox"/> Human Resources <input type="checkbox"/> Research & Development</p> <p><input type="checkbox"/> IT <input type="checkbox"/> Sales</p> <p><input type="checkbox"/> Legal <input type="checkbox"/> Student</p>	<p>Seniority *: <input checked="" type="checkbox"/> (Select Only one)</p> <p><input type="checkbox"/> Associate</p> <p><input type="checkbox"/> Chief</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Executive</p> <p><input type="checkbox"/> Head of Department</p> <p><input type="checkbox"/> Middle Management</p> <p><input type="checkbox"/> Partner</p> <p><input type="checkbox"/> President</p> <p><input type="checkbox"/> Sole Proprietor - Owner</p>	<p>Company Activity *: <input checked="" type="checkbox"/> (Select Only one)</p> <p><input type="checkbox"/> Ministry of Health</p> <p><input type="checkbox"/> Government Health Authority</p> <p><input type="checkbox"/> Aesthetic Clinic</p> <p><input type="checkbox"/> Beauty Salon</p> <p><input type="checkbox"/> Clinic</p> <p><input type="checkbox"/> Dermatologist Practice</p> <p><input type="checkbox"/> Higher Education</p> <p><input type="checkbox"/> Hospital</p> <p><input type="checkbox"/> Anti-Aging Products & Equipment Manufacturer</p> <p><input type="checkbox"/> Anti-Aging Products & Equipment Distributor</p> <p><input type="checkbox"/> Dermatology Equipment & Devices Manufacturer</p> <p><input type="checkbox"/> Dermatology Equipment & Devices Distributor</p> <p><input type="checkbox"/> Dermocosmetics & Skincare Products Manufacturer</p> <p><input type="checkbox"/> Dermocosmetics & Skincare Products Distributor</p> <p><input type="checkbox"/> Haircare - Hairloss Products & Equipment Manufacturer</p> <p><input type="checkbox"/> Haircare - Hairloss Products & Equipment Distributor</p> <p><input type="checkbox"/> Laser Equipment - Manufacturer</p> <p><input type="checkbox"/> Laser Equipment - Distributor</p> <p><input type="checkbox"/> Pharmaceuticals / Drugs - Manufacturer</p> <p><input type="checkbox"/> Pharmaceuticals / Drugs - Distributor</p> <p><input type="checkbox"/> Medical Spa</p> <p><input type="checkbox"/> Trade Association</p>
<p>Job Title *: <input checked="" type="checkbox"/> (Select Only one)</p> <p><input type="checkbox"/> Aesthetic Specialist <input type="checkbox"/> Resident Dermatologist</p> <p><input type="checkbox"/> Aesthetic Surgeon <input type="checkbox"/> Technician</p> <p><input type="checkbox"/> Auxiliary <input type="checkbox"/> University Professor</p> <p><input type="checkbox"/> Beautician <input type="checkbox"/> Account Manager</p> <p><input type="checkbox"/> Dermatologist <input type="checkbox"/> Chief Executive Officer - CEO</p> <p><input type="checkbox"/> Dean <input type="checkbox"/> Chief Financial Officer - CFO</p> <p><input type="checkbox"/> General Practitioner <input type="checkbox"/> Consultant</p> <p><input type="checkbox"/> Hair Specialist <input type="checkbox"/> Director</p> <p><input type="checkbox"/> Institutional Buyer <input type="checkbox"/> Journalist</p> <p><input type="checkbox"/> Laser Specialist <input type="checkbox"/> Manager</p> <p><input type="checkbox"/> Medical Spa Therapist <input type="checkbox"/> Student</p> <p><input type="checkbox"/> Nurse <input type="checkbox"/> Other, <i>please specify</i></p> <p><input type="checkbox"/> Pharmacist <input type="checkbox"/> Researcher</p> <p><input type="checkbox"/> Physician (Others)</p>	<p>Areas of Interest *: <input checked="" type="checkbox"/> (Select all that applies)</p> <p><input type="checkbox"/> Aesthetic Products (BTX, Fillers, Injectables, Implants)</p> <p><input type="checkbox"/> Anti-Aging</p> <p><input type="checkbox"/> Clinics Software & IT</p> <p><input type="checkbox"/> Dermatology Equipment & Devices</p> <p><input type="checkbox"/> Dermocosmetics - Skincare</p> <p><input type="checkbox"/> Disposables</p> <p><input type="checkbox"/> Educational Derma & Aesthetic Programs</p> <p><input type="checkbox"/> Haircare / Hairloss</p> <p><input type="checkbox"/> Laser Equipment</p> <p><input type="checkbox"/> Pharmaceuticals / Drugs</p> <p><input type="checkbox"/> Surgical Equipment</p> <p><input type="checkbox"/> Wellness / Body Contouring</p>	

Conference	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 900	<input type="checkbox"/> SGD 1,035	<input type="checkbox"/> SGD 1,120
Non-Physicians, Students	<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.** _____, _____ (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

