

Wound Management Workshop 2012
DUKE-NUS Graduate Medical School, Singapore
8 College Road, Singapore 169857
28 July 2012

Registration Form

Please complete the registration form in block letters and send it with payment to:

Secretariat, Wound Management Workshop 2012
c/o Hyperbaric & Diving Medicine Centre Blk 4, Level 1
Singapore General Hospital
Outram Road, Singapore 168608
Fax: (65) 6220-1302
Email: woundhealingsociety@yahoo.com.sg

Participant's Particulars

Dr/Mr/Ms _____
(Please underline surname)

Institution _____

Mailing Address _____

Tel _____ Fax _____

Email _____

Payment of Registration Fee (please tick accordingly)

After 30 June 2012

<input type="checkbox"/> WHSS Member	S\$60.00	S\$100.00
<input type="checkbox"/> Non - WHSS Member	S\$100.00	S\$150.00

Please find enclosed cheque number _____ for an amount of S\$ _____
made payable to "**Wound Healing Society Singapore**".