

REGISTRATION FORM

8th Congress of ICO/AP & 20th AOIA Symposium, Aug 27-31 2004, Singapore

Please type or print in block letters, check the appropriate boxes and return to the Secretariat

Title Surname Other names

Address

Country

Postal Code

Phone

Fax

Email

Name of Accompanying Person

A. Registration fees for all sessions on 28 & 29th August, 2004 (except workshop)			
<input checked="" type="checkbox"/> Please tick	<input type="checkbox"/> Before 30/6/04	<input type="checkbox"/> After 1/7/04	<p>1. Fees are in Singapore dollars, inclusive of prevailing 5% GST at the time of congress.</p> <p>2. Membership in sponsoring and co-sponsoring organisations entitled to discount of 10%</p> <p>3. The registration fee includes a congress banquet, light luncheons and coffee breaks on Aug 28 & 29 only.</p> <p>4. Accompanying person's fee includes congress banquet and social programmes.</p> <p>5. US\$1=S\$1.7 approximately in April 2004</p>
<input type="checkbox"/> Dentist	\$420.00	\$504.00	
<input type="checkbox"/> Graduate Student	\$273.00	\$336.00	
<input type="checkbox"/> Dental Student	\$210.00	\$252.00	
<input type="checkbox"/> Auxiliary /Technician	\$210.00	\$252.00	
<input type="checkbox"/> Accompanying Person	\$126.00	\$126.00	
B. Pre Congress courses on 27th August, 2004			
<input type="checkbox"/> Dr Caesar Wong (1): 9.00am-11.30am		\$84.00	
<input type="checkbox"/> Dr Caesar Wong (2): 11.30pm-2.00pm		\$84.00	
<input type="checkbox"/> Dr Vincent Morgan: 2.30pm-4.30pm		\$63.00	
<input type="checkbox"/> Prof G-H Nentwig & Dr Paul Weigl: 5pm-7.30pm		\$84.00	
<input type="checkbox"/> Dr Michael Danesh-Meyer: 8.00pm-10.30pm		\$84.00	
C. Laser Workshop on 29th August, 2004			
<input type="checkbox"/> Dr John Chen & Dr Ben Ong: 6.00pm-8.00pm		\$63.00	
D. Post Congress courses on 30th & 31st August, 2004			
<input type="checkbox"/> Please send me more information on: Advanced implant and cadveric course by Dr Robert London (organised by Singapore Dental Association and Asia Implant Support Services)+			+By separate application and registration
Total amount A+B+C		S\$ _____	
<i>Less discount 10% (if applicable)</i>		S\$ _____	
Enclosed payment of fee		S\$ _____	

by cheque/bank draft No. _____
Payable to Orchard Dental Centre Pte Ltd

by credit card

Visa Mastercard American Express

Card No. _____ Expiry Date _____

Signature _____ Date _____

Congress Hotel Booking
8th Congress of ICOI/AP & 20th AOIA Symposium, Aug 27-31 2004, Singapore

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Title Surname Other names

Address

Country Postal Code

Phone Fax Email

Name of Person sharing room if applicable

I require hotel booking at *The New Otani* for _____ nights,
check in on _____ and check out on _____.

Please charge the one room night deposit of

- S\$130+++ (single)
- S\$145+++ (double/twin)
- all rates inclusive of breakfast

to my credit card

Visa Mastercard American Express others (specify) _____

Card No. _____ Expiry Date _____

Signature _____ Date _____

Corresponding address:

The ICOI/AP-AOIA Meeting Secretariat
c/o Orchard Dental Centre Pte Ltd
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Singapore 238856
Tel : 6734 3162
Fax: 6732 1979
Email: singdent@singnet.com.sg
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