

**Registration Form****Please fax the completed form to 65-6226-2941 or email to jeffrey.briones@iqpc.com.sg**

Conference Title	Healthcare Management and Informatics	Sales Rep. Name	Jeffrey Briones
Conference Code	18310.001	Sales Code	TJBRIONES
Conference Date	8-11 February 2010	Date of Reg.	

**Section 1. Company and Invoicing Details**

Full Company Name (for billing)			
Industry Name		Industry Code	#N/A
Company Address			
Postal Code		Country	
Invoicing Person Name (Mr. / Ms. / Mdm / Dr.)		Job Title	
Email		Department	
Contact Number (Direct)		Fax Number	
		Main Line	

**Section 2. Payment Mode**

Mode of Payment; please marked "X"	Credit Card	<input type="checkbox"/>	Cheque	<input type="checkbox"/>	Bank Transfer	<input type="checkbox"/>
*Expected Payment Date	(dd/mm/yyyy)					

**Section 2a. Credit Card Details (complete this section if payment is via credit card)**

Credit Card Number		Security Code		Expiry Date	
Card Type; please marked "X"	VISA <input type="checkbox"/>	Mastercard <input type="checkbox"/>	American Express <input type="checkbox"/>		
Card Holder Name		Card Holder Signature			

**Section 3. Delegate Details**

Delegate 1 (Mr. / Ms. / Mdm / Dr.)	First Name:		Last Name :	
Company (if differ from billing company)				
Job Title		Direct Line		
Department		Mobile No.		
Email		Fax No.		
Conference Package (e.g. Silver Package - Conf + WS A + WS B)		Package Price USD / SGD		Amount to Charge (incl. taxes/processing fee)

Delegate 2 (Mr. / Ms. / Mdm / Dr.)	First Name:		Last Name :	
Company (if differ from billing company)				
Job Title		Direct Line		
Department		Mobile No.		
Email		Fax No.		
Conference Package (e.g. Silver Package - Conf + WS A + WS B)		Package Price USD / SGD		Amount to Charge (incl. taxes/processing fee)

Delegate 3 (Mr. / Ms. / Mdm / Dr.)	First Name:		Last Name :	
Company (if differ from billing company)				
Job Title		Direct Line		
Department		Mobile No.		
Email		Fax No.		
Conference Package (e.g. Silver Package - Conf + WS A + WS B)		Package Price USD / SGD		Amount to Charge (incl. taxes/processing fee)

**Section 4. IQPC Terms and Conditions**

Upon receiving your completed registration form, we acknowledge that you have read our payment term policy and other terms and conditions. Kindly refer to the conference brochure for the terms and conditions.

**Section 5. Delegate Confirmation**

I confirm that all above data entered are accurate and agree to the IQPC terms and conditions

For Internal Approval only

- 1.
- 2.

\_\_\_\_\_  
 Delegate's / Authorized Signature  
 Name :