



## PARTNERSHIP RESPONSE FORM

☐

Yes ! My company/organisation wishes to be part of the 10th APMEC 2013

### A. Contribution in cash :

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Amount : SGD \_\_\_\_\_

### B. Contribution(s) in kind :

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Product(s) : \_\_\_\_\_

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Service(s) : \_\_\_\_\_

Estimated cash value SGD : \_\_\_\_\_

### C. Trade Exhibition (18 & 19 January 2013) at University Cultural Centre (UCC) :

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Trade Booth : SGD2,500 (including GST) - 3m (D) x 2m (W) booth, 1 table (5ft by 2ft), 2 chairs and std company name on booth will be provided.

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Table Top Display : SGD1,000 (including GST), 1 table (5ft by 2ft), 2 chairs will be provided.

Set up & tear down time to be advice nearer the date.

The organisers will not be responsible for any damages or loss to the properties of the exhibitors.

### D. Enquiries :

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We wish to arrange for a meeting to know how we can be part of the 10th APMEC 2013 : -

Preferred Meeting Date and Time :

Date : \_\_\_\_\_ Time: \_\_\_\_\_

Venue : \_\_\_\_\_ Medical Education Unit, Yong Loo Lin School of Medicine, NUS

Company/Organisation: \_\_\_\_\_

Company Name to be printed in Conference Handbook: \_\_\_\_\_

Contact Person : \_\_\_\_\_ Designation : \_\_\_\_\_

Tel (DID) : \_\_\_\_\_ Mobile : \_\_\_\_\_

Email : \_\_\_\_\_



#### **Payment Methods:**

*Please make sure your payment reach us by 1st Nov 2012 otherwise we will not be able to acknowledge the name of your company in our conference handbook.*

#### **☐ Payment Option 1: Cheque / Draft**

Please make your cheque / draft payable to "National University of Singapore". On the reverse side, please indicate (10th APMEC 2013 – Trade Exhibition).

#### **☐ Payment Option 2: Credit Card**

Please fill attached form on page 3 and mail/fax/email the form to the address listed below.

#### **☐ Payment Option 3: Invoice**

Invoice to attn: \_\_\_\_\_

Email: \_\_\_\_\_

Tel: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

#### **Please send completed form and payment to:**

The Conference Secretariat  
Medical Education Unit (MEU),  
Dean's Office, Yong Loo Lin School of Medicine,  
NUHS Tower Block, Level 11, 1E Kent Ridge Road  
Singapore 119228

DID: (65) 6516 1048 Fax: (65) 6872 1454  
Email: apmec@nuhs.edu.sg

#### **CANCELLATION POLICY**

**Any cancellation or replacement must be conveyed to the Organiser in writing. A cancellation charge of 50% fee will be levied if the cancellation is received on or before Oct 31, 2012. There will be no fee refund if the cancellation is received on/after Nov 01, 2012.**



## CREDIT CARD PAYMENT FORM

**Salutation :**

☐ Dr   ☐ Prof   ☐ A/Prof   ☐ Mr   ☐ Mdm   ☐ Ms   (please “√” to indicate)

**Family Name:**

**Given Name:**

**Total Amount** (please circle the correct amt):

SGD 1,000	SGD 2,500
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**Credit Card Type:**

☐ Visa   ☐ Mastercard   (please “√” to indicate)

**Cardholder Name:**

(as shown in credit card)

**Card Number:**

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**Card Expiry Date:**

**Signature:**

Please fax or send your credit card details to:

Medical Education Unit (MEU), Dean’s Office, Yong Loo Lin School of Medicine,  
NUHS Tower Block, Level 11

1E Kent Ridge Road, Singapore 119228

Attn: Ms Emily Loo/ Ms Jennifer See

Tel: (65) 6516 1048 / (65) 6516 2332   Fax: (65) 6872 1454   Email: [apmec@nuhs.edu.sg](mailto:apmec@nuhs.edu.sg)