

Conflict De-escalation for Healthcare Professionals



REGISTRATION FORM

Dates

- 23 to 24 April 2018
 27 to 28 August 2018
 3 to 4 December 2018

Workshop

Conflict De-escalation for Healthcare Professionals

Registration Fee

\$513.60 (*inclusive of GST*)

PERSONAL PARTICULARS

Salutation

- Dr Mr Ms Others:

Name (*as appears in NRIC / Passport; please underline family name*)

MCR No. (*if applicable*)

Designation

Organisation

Address

Contact No.

Mobile _____ Office _____

Email Address

Dietary Requirement

PAYMENT DETAILS (Please tick the relevant box)

BILL TO HEALTH AND MEDICAL PRACTICE INSURANCE PTE LTD

(HMPI will fund doctors and dentists employed with MOHH or any of the public healthcare institutions under the MOHH group based on completed attendance.)

BILL TO ORGANISATION

a) Billing address
(*if different from above*)

b) Name & Email
(*Officer-in-charge of invoice*)

PERSONAL DATA PROTECTION ACT (PDPA) CONSENT CLAUSE

YES, I consent to the use and disclosure of the personal data provided in this form to MOH Holdings Pte Ltd, its respective agents and authorised service providers, for the purposes of receiving and providing relevant information about MOH Holdings Pte Ltd including its programmes, products and services.

NO, I do not consent to the use and disclosure of the personal data provided in this form to MOH Holdings Pte Ltd, its respective agents and authorised service providers, for the purposes of receiving and providing relevant information about MOH Holdings Pte Ltd including its programmes, products and services.

Name & Signature: _____

Date: _____