

HEALTHCOM 2008

10th IEEE International Conference on e-Health Networking, Applications & Services

TUTORIAL / WORKSHOP REGISTRATION FORM

FAX FORM BY 30 JUNE 2008 to (65) 6356 7471

PERSONAL PARTICULARS

Surname / Last Name	Given / First Name
Organization	
Address	
Country / State	Telephone No.
Postal Code	Fax No.
Email	

TUTORIAL / WORKSHOP REGISTRATION FEE

Categories	Please Select ✓	Registration Rate
CONFERENCE PARTICIPANT (Full Day – T4: HL7)	<input type="radio"/>	SGD 180
NON-CONFERENCE PARTICIPANT (Full Day – T4: HL7)	<input type="radio"/>	SGD 300
Half Day Sessions	Choice of Tutorial / Workshop ** <i>(Please circle your selection)</i>	
CONFERENCE PARTICIPANT	T1 / T2 / T3 / T5 / T6 <input type="radio"/>	SGD 90
NON-CONFERENCE PARTICIPANT	T1 / T2 / T3 / T5 / T6 <input type="radio"/>	SGD 150
TOTAL PAYABLE		SGD _____

** TUTORIAL/ WORKSHOP SESSIONS FOR SELECTION (Half Day)

- T1: Epidemiology and Surveillance of Pandemics and Infectious Diseases - New opportunities for engineers and computer scientists
T2: Technology in the Care of Older Person
T3: Stroke Rehabilitation
T5: Organizational and Managerial Aspects of Health IT - Mobilizing Health Information
T6: Ultra Wide Band-enabled Sentient Computing: Applications and Services in Healthcare

PAYMENT MODE –

CASH ONSITE *

* If you are paying with cash onsite, please fax a copy of this form by 30 June 2008 to the secretariat to reserve a seat for you.

Visa Mastercard

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Payment Mode	Amount Received
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Remarks (if applicable)	

The participant acknowledges that he/she has no right to lodge damage claims against the organiser or its appointed PCO should the holding of the conference be hindered or prevented by unexpected political or economic events or generally by force majeure, or should the non-appearance of speakers or other reasons necessitate programme changes. With registration, the participant accepts this proviso.