



Chapter of Orthopaedic Surgeons
College of Surgeons, Singapore
Principles and Practice of Clinical Research
CREDIT CARD AUTHORISATION & REGISTRATION FORM

(FOR PAYMENT VIA CREDIT CARD ONLY)

Please fax registration form to (65) 65937880 or email to bened_thong@ams.edu.sg

Registrant's Details

Name (as in SMC registration): _____ MCR No: _____

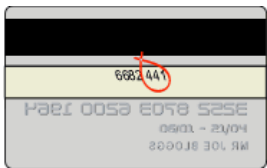
Designation: _____ Department: _____ Hospital: _____

Resident Year (pls circle): 1 / 2 / 3 / 4 / 5 / 6 / NA Email Address: _____

Contact Number: _____ (O) _____ (HP)

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hereby authorize "**College of Surgeons, Singapore**" to charge a total amount of _____ to the above credit card for payment of registration for the Principles and Practice of Clinical Research. Registration fees are non-refundable.

I understand and consent to the use of my credit card without my signature on the charge slip that my signature on this form will serve as the authorised signature.

Thank you.

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