

13-15 September 2012 Marina Bay Sands, Singapore Booking Code: PSX12AA-SALES

## **EASY WAYS TO REGISTER**

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Life Science Division

IIR Exhibitions Pte Ltd

205 Henderson Road,

#03-01 Henderson Industrial Park,

| Thursday<br>13-Sep-12   | Friday<br>14-Sep-12  | Saturday<br>15-Sep-12 | Early Bird Discounts is valid until 31 July 2012   | Onsite Registration  |  |
|---|--|-----------------------|--|--|--|
| EXHIBITION  |  |                       | FREE ADMISSION   |  |  |
|   | <b>3-DAY FULL ACCESS PASS</b> Plastic Surgery – Aesthetic Dermatology – Anti-a |                       | □ SGD 700  | □ SGD 950  |  |
|   | 1-DAY FULL ACCESS PASS Plastic Surgery – Aesthetic Dermatology – Anti-a        | s                     | □ SGD 300  | □ SGD 400  |  |
| 3-DAY FULL ACCESS PASS  Aesthetic Dentistry – Aesthetic Dermatology – Anti-aging Medicine   |  |                       | □ SGD 450  | □ SGD 700  |  |
| 1-DAY FULL ACCESS PASS  Aesthetic Dentistry – Aesthetic Dermatology – Anti-aging Medicine   |  |                       | □ SGD 220  | □ SGD 300  |  |
| 3-DAY FULL ACCESS PASS  TST Triangular Meeting  |  |                       | □ SGD 450  | □ SGD 700  |  |
| 1-DAY FULL ACCESS PASS  TST Triangular Meeting  |  |                       | □ SGD 220  | □ SGD 300  |  |
| 1-DAY ACCESS PASS BEAUTY CONFERENCE (New!)  |  |                       | □ SGD 40   | □ SGD 60   |  |
| SYMPOSIUMS  |  |                       | FREE AC  | DMISSION   |  |
| · CME hours under application – ple   | ·  |                       |  |  |  |
| <ul> <li>A 7% Goods &amp; Services Tax (GST) is applicable to all Singapore based companies for Singapore venue.</li> <li>All fees stated included luncheons and refreshments. It does not include the cost of accommodation and travel.</li> </ul> |  |                       | For Group discounts (min. of 3 or more pax), please email marsono.cheung@irx.com.sq  |  |  |
| DELEGATE DETAILS (For additional delegates, please photocopy this form)   |  |                       | Show Venue Information  Marina Bay Sands, Singapore  1 Bayfront Avenue Singapore 018791  www.marinabaysands.com  |  |  |
| MR./MRS/MS/DR.  | GIVEN NAME   | FAMILY NAME           | Accommodation Information  | The state of the state of the Alexandra  |  |
| JOB TITLE   |  | DEPARTMENT            |  | included in the registration fee. A reduced endees at this conference. To take advantage of n reservation form provided upon confirmation of |  |
| TEL   | MOBILE   | EMAIL                 | Payment Options: Please tick your met  o Bank Transfer   | thod of payment  |  |
| THE COMMITTION  |  |                       | Bank Account Holder: IIR EXHIBITIONS PTE   | · · TD   |  |
| COMPANY INFORMATION   |  |                       | Bank Address: 21, Collyer Quay, #01-00 HSBC Building, Singapore 049320 Bank Name: The Hong Kong and Shanghai Banking Corporation Limited Account No: 141-182311-001 (SGD Remittance) Swift Code: HSBCSGSG Bank Code: 7232  |  |  |
| COMPANY NAME  |  |                       | -  |  |  |
|   |  |                       | o Cheque or Bank Draft (Not Applicable for p   |  |  |
| ADDRESS   |  |                       | ■ IIR EXHIBITIONS PTE LTD in SGD. Please send your cheque or bank draft together with your registration form.  |  |  |
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| TEL   | FAX  | EMAIL                 | For payment made by credit card, please indica —service team will be contacting you within the ne send any credit card information by email or by  | next 24 hours to take payment. Please do not   |  |
|   |  |                       | *Credit card will be charged in <b>SGD</b> based on the prevailing exchange rates. Additional 2.35% admin charge is applicable.  |  |  |
| APPROVING MANAGER / SPO   | ONSOR  |                       |  |  |  |
| I   |  |                       | Name of Credit Card Holder:  Department:   |  |  |
| MR./MRS/MS/DR.  | GIVEN NAME   | FAMILY NAME           | Direct Phone No.:  |  |  |
|   |  |                       | Email:   |  |  |
| JOB TITLE   |  | DEPARTMENT            |  |  |  |
| TEL   | FAX  | EMAIL                 | Important Note: Please quote the name of the delegate  |  |  |
| Please  | e complete the following section if different from COM                         | DMPANY INFORMATION    | Overseas Bank charges are not to be deducted from the of registration. Attendance will only be admitted upon the   | ne participation costs. Payment to be made within a week   |  |
| COMPANY NAME  |  |                       |  |  |  |
| ADDRESS   |  |                       | Substitution / Cancellation: Should you be unable to attend, a substitute delegate is welcome in your place at no extra charge. If this is not suitable, cancellations received in writing 14 working days before the event will be entitled to a full refund less 10% administration fee. Cancellations after 14 working days before the event are subjected to full payment. |  |  |
| POSTAL CODE   | COUNTRY  | COMPANY WEBSITE       | Due to unforeseen circumstances, the programme may   | v change. IIR reserves the right to alter the programme  |  |
|   |  |                       | details including the venue and/or speakers.   | enanger are recorded the right to discuss the programme  |  |