



Asia Pacific Spine Society

(Spine Section of APOA)

APSS Cambodia Spine Course

17th – 19th February 2016

National Pediatric Hospital & Children's Surgical Center, Phnom Penh, Cambodia

REGISTRATION FORM

A: PERSONAL PARTICULARS

Salutation: <input type="checkbox"/> Prof <input type="checkbox"/> A/Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Full Name:	Date of Birth: (Date / Month / Year)	
Correspondence Address:		
State:	Country:	Postal Code:
Contact Number:	Mobile Number: (Optional)	Facsimile Number:
Email Address:	Are you an Existing APSS Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Institution:		
Specialty:		

B: REGISTRATION FEES

Category	Amount Payable (USD)
<input type="checkbox"/> International Surgeon (APSS Member)	150
<input type="checkbox"/> International Surgeon (Non-APSS Member)	200
<input type="checkbox"/> Local Surgeon	FREE
TOTAL (USD)	

C: PAYMENT

<input type="checkbox"/> Credit Card	<input type="checkbox"/> On-site Cash
Credit Card Type	: _____
Credit Card Number	: _____
Expiry / Validity	: _____ Card Security Code (CSC) : _____
Details of card use	: _____
Credit Card Holder's Name	: _____ Signature : _____

D: SUGGESTED ACCOMMODATIONS

- Kindly contact the below listed hotels to make your own reservation and state that you are attending this course:-
- (1) **Sokha Phnom Penh Hotel**, Street KeoChenda, Phum 1, Sangkat Chroy Changvar, Khan Chroy Changvar, Phnom Penh, Cambodia. Tel: +855 23 685 8888. Fax: +855 23 685 7777. Website: www.sokhahotels.com/phnompenh/phnompenh-hotel/ . E-mail: reservation.fopp@sokhahotels.com (Attn: **Mr. Bora HEAN, Reservation Supervisor**)
 - (2) **Le President Hotel**, No.680, Kampuchea Krom Street, Sangkat Psar Depo II, Khan Toul kork Phnom Penh, Cambodia. Tel: +855 23 884 968 / 884 969. Fax: +855 23 881 823. Website: www.lepresidenthotel.com/ . Email: reservation@lepresidenthotel.com / info@lepresidenthotel.com (***) Upon booking the room, please state that it is for National Pediatric Hospital's event)

I hereby declare that the information given above is true and genuine.

Signature : _____ Date : _____

Please complete and return this form before 22nd January 2016 (Friday) to:

APSS SECRETARIAT

EMAIL: spine@apssonline.org

G-1, Medical Academies of Malaysia, 210, Jalan Tun Razak, 50400 Kuala Lumpur, Malaysia.

TEL: (+603) 4023 4700, 4025 4700 FAX: (+603) 4023 8100

*** Any replies received after 22nd January 2016 (Friday) will be subject to seats availability!**