NUS National University of Singapore

Institute for Mathematical Sciences

WORKSHOP REGISTRATION FORM

Workshop on Genomics

(14 - 17 Nov 2005)

This form should be completed and returned to: **Institute for Mathematical Sciences, 3 Prince George's Park, Singapore 118402** or fax to: **(65) 6873 8292** or email to: **ims@nus.edu.sg**, at least 2 weeks before the commencement of workshop.

1. PERSONAL PARTICULARS

Title and Full Name as in Passport/Identity Card *(underline Surname/Family Name)*: Prof / Dr / Mr / Mrs / Ms**	Designation *(please indicate PhD, Master or Undergrad if you are a student)*:
Institution Name:	Department:
Institution Address:	Postal Address: *(if different)*:

E-mail Address:	Telephone Nos.:	Fax No.:

2. ACCOMMODATION *(Applicable only to overseas participant requesting accommodation arrangement)*

Date of Arrival (confirmed / tentative**):	Date of Departure (confirmed / tentative**):	
No. of Rooms:	No. of Adult:	No. of Child:

Please indicate your preferred hotel*:

Hotels with corporate rates

- ☐ Copthorne Orchid Singapore (www.copthorneorchid.com.sg)
- ☐ Orchard Parade Hotel (www.orchardparade.com.sg)
- ☐ Orchard Hotel (www.orchardhotel.com.sg)

Near NUS campus

- ☐ Pasir Panjang Inn

Other hotel

- ☐ _____

Special Instructions or Requests:

Note:

- Participants from certain countries may need to apply relevant visa prior to entry into Singapore. More information is available at *http://app.ica.gov.sg/travellers/entry/visa_requirements.asp*.
- If you are requesting accommodation arrangement, the hotel may contact you for your credit card details to confirm / guarantee your reservation.

***Please indicate ☒ as appropriate** ** **Please delete as appropriate**