



Please complete in BLOCK LETTERS.

PERSONAL INFORMATION

First name

Last name

Title

Email Address

Address

Country

Postcode

Telephone

Fax

School/Organisation

CONFERENCE FEES

I would like to attend the CSI Asia 2010.

- Early Bird** Conference Fees (Before 10 June 2010)..... (US\$240) S\$350.00
- Conference Fees..... (US\$300) S\$450.00
- 1-Day Pass (16 July, Fri or 17 July, Sat)..... (US\$120) S\$180.00
- 2-Day Pass (16 -17 July)..... (US\$240) S\$350.00

Fees include respective networking luncheons, badge, reception, coffee/tea breaks and access to all sessions and concerts.

SPECIAL NEEDS

Please let us know if you have any special dietary or medical needs (e.g. vegetarian meals, wheelchair access required)

Health/Disability Needs _____

Dietary Needs _____

ACCOMMODATION

Please indicate if you require accommodation. Unless stated, costs are the same for single, double or twin share. Do note that accommodation booked will be subject to availability.

ROOM TYPE Single Twin Double

Sheraton Towers Hotel Singapore S\$255.00 X _____ Nights

Rendezvous Hotel S\$235.00 X _____ Nights

Bayview Hotel S\$195.00 X _____ Nights

Singapore Recreation Club S\$170.00 X _____ Nights

Date of arrival: ___/___/___

Date of departure: ___/___/___

If you are sharing room with another person(s), please list their name(s):

PAYMENT SUMMARY

TOTAL PAYMENT S\$ _____

Please add together from previous sections and write the final total here. If payment by bank draft, please add S\$50 (US\$35) and made payable to "RAVE GROUP PTE LTD".

PAYMENT INFORMATION

For Bank Transfers

Bank Name: United Overseas Bank Limited

SWIFT Code: UOVBSGSG

Branch: Aljunied Branch

Account Name: Rave Group Pte Ltd

Account No.: 362-300-228-2

Please mail and fax your registration form to:

Conn-Selmer Institute Asia 2010

c/o Rave Group Pte Ltd

35 Selegie Road #10-18

Singapore 188307

Fax: +65 6747 7052

Signature _____