REGISTRATION FORM

Please complete this form, sign it and send it to ASPIRE Secretariat at jqhoa@aspire-reproduction.org

Signature and Date

rieias v	vitn * ar	e compulsory			
		PERSONAL	PARTICULARS		
*Salutation:		□ Prof. □ Dr. □ Mr. □ Mrs. □ Ms. □ Others, please specify			
*First	Name:		*Last Name:		
*Position:		□ Clinician □ Embryologist □ Others, please specify			
Depar	rtment:				
*Instit	tution:				
Address:				*Country:	
Tel:			Fax:		
*Emai	il:		*Mobile:		
		register for (Please tick against the box a		dicate your partici	REGISTRATION FEE
FULL Masterclass (27 – 29 September 2018) Inclusive of Scientific Lectures (27 – 28 Sept) and Hands-on Training (29 Sept)					
N.A	``````			· ′	USD 600
N.A Non-M		<u> </u>		/	USD 670
HALF Masterclass (27 – 28 September 2018) Inclusive of Scientific Lectures (27 – 28 Sept) <i>only</i>					
Aspire		Member (Please provide your Membersh	nip No:)	USD 450
Non-M		ember			USD 520
Will you be joining us for the Welcome Dinner on 27 September 2018 (please tick)					
Yes	□ (Ple	ase indicate Dietary Restrictions:)	
No □ *Registration fees are inclusive of course materials and meals during the course.					
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Upon receipt of the registration form, an Invoice will be issued for payment. Participation will only be confirmed once payment					
has been received by the Aspire Secretariat. Kindly note that Aspire is able to accept payment by Bank Transfer or Paypal (all					
transaction fees to be fully covered by sender)					
Refund Prid Fro	or to July om July 1	plicy: ration fee will be as follows: 10 th , 2018 - 50% refund of total registrati 1 th , 2018 - no refund of total registration for cancellation at any stage, an administration	ees	5 will not be refui	nded.