

PARTICIPANT INFORMATION

First Name, Last Name: _____

Company: _____

Job Title: _____

Mobile: _____ Email: _____

Citizen/PR/Non-Citizen: _____

(Please provide a copy of your NRIC for reference if you are a Singapore Citizen or Permanent Resident)

Age: _____ Gender: F/M Years of Work Experience: _____

PAYMENT DETAILS

Credit Card No: _____

Credit Card Type: VISA Mastercard AMEX DISCOVER

Expiry Date: _____

Name on Card: _____

PROGRAM FEE (Early-bird pricing: form received by **28 Dec**)

Singaporeans & PR: \$1123.50/Non-Singaporeans: \$1284.00

FEE AFTER 28 DEC

Singaporeans & PR: \$1284.00/Non-Singaporeans: \$1,391.00

I, _____, hereby authorize the American Chamber of Commerce Singapore to charge to my credit card, based on the above information provided.

Authorized Signature

Date

Please mail the form back to Nathan at psivarajah@amcham.org.sg or Has Basari at hbasari@amcham.org.sg