

20-22 AUGUST 2022 SUNTEC SINGAPORE CONVENTION AND EXHIBITION CENTRE

GROUP REGISTRATION GUIDE

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Step 1:

Landing page upon clicking onto group registration:

| Group Co-ordinator | | |
|------------------------------|------|-----------------------------------|
| | | |
| | | |
| Salutation* | ✓ | Complete the Group Co- |
| First Name* | | ordinator profile where the |
| Last Name* | | billing will be sent to and click |
| Job Title* | | on the "Next" button. |
| Organisation* | ✓ | |
| | | |
| Billing Contact Person Name* | | |
| Address* | | |
| Country* | ▼ | |
| Billing Contact Number* | | |
| Mobile* | | |
| Email* | | |
| Email Confirmation* | | |
| | | |
| | Next | |
| | | |

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Upon clicking on to "Next" button, the website will bring you to add your members that are part of the group registration.

*do note that if the Group Co-ordinator is part of this group registration, kindly add as a member in this segment as well.



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Step 3:





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Group Member

Please verify that you are a Healthcare Professional

| Category* | | ~ |
|--|--|---|
| Salutation* | | ~ |
| First Name* | | |
| Last Name* | | |
| Name to be printed on badge* | | |
| Department/Speciality* | | ~ |
| | | |
| Organisation* | | ~ |
| | | |
| Job Title* | | |
| Country* | | ~ |
| Mobile Number* | | |
| MCR No.* | | |
| Email Address* | | |
| Alternate Email (Recommended to have Non-Organisation email)* | | |
| Dietary Requirement | Non-vegetarian | ~ |
| VACCINATION STATUS* | | |
| I confirm that I am fully vaccinated with WHO Emergency U | Jse Listing (EUL) COVID-19 vaccines and would have completed my final dose.* | |
| Personal Data Protection Declaration | | |

I agree that Kenes and/or organisers may collect, use my personal data, which I have provided in this form, to provide marketing information relevant to the symposium that I have agreed to receive.*

Next

Upon clicking on "Add new member" in the previous page, kindly proceed to complete the group member's particulars.





Conference

| Descr | iption | Price | |
|-------|---|------------|------------|
| | Physical Only (SICM / ANZICS Members) | SGD 400.00 | |
| | Virtual Only (SICM / ANZICS Members) | SGD 500.00 | |
| | Physical and Virtual(SICM / ANZICS Members) | SGD 550.00 | V |
| | Physical Pass - One Day (20 August 2022) (SICM / ANZICS Members) | SGD 300.00 | |
| | Physical Pass - One Day (21 August 2022) (SICM / ANZICS Members) | SGD 300.00 | |
| | Physical Pass - One Day (22 August 2022) (SICM / ANZICS Members) | SGD 300.00 | |
| | Physical Only (Non-SICM / ANZICS Members) | SGD 550.00 | |
| | Virtual Only (Non-SICM / ANZICS Members) | SGD 650.00 | |
| | Physical and Virtual (Non-SICM / ANZICS Members) | SGD 700.00 | |
| | Physical Pass - One Day (20 August 2022) (Non-SICM / ANZICS Members) | SGD 450.00 | |
| | Physical Pass - One Day (21 August 2022) (Non-SICM / ANZICS Members) | SGD 450.00 | |
| | Physical Pass - One Day (22 August 2022) (Non-SICM / ANZICS Members) | SGD 450.00 | |
| | | Sub Total: | SGD 550.00 |
| | | | |

Grand Total

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Step 4:

Upon Clicking onto "Next" button on the previous page, the website will show a list of ticket types for this particular member you are registering for.

After selecting the ticket type for this member, click on next.

SGD 550.00



Step 5:

| roup Member(s) | | | | | | | | | | | | |
|----------------|------------|---------------|--------------|---------------------|-------------------------|--------------------------------------|--------------|-----------|------------------|---------------|----------|----------------------|
| | | | | | | | | | | | | |
| | | | | Name to be | | Add New Mem | ber | | | | | |
| No. | Salutation | First Name | Last Name | printed on badge | Department/Speciality | Organisation | Job Title | Country | Mobile Number | Email Address | Category | Edit |
| 1 | Dr | TEST 2 | TEST | SHARON2 | Dietetics and Nutrition | Concord International Hospital | DR | SINGAPORE | | | Doctor | l G Edit i Delete |

After submitting the ticket type, the website will bring you to a "Summary" page. This is when you will be able to continue the process from step 2 to 4 of adding a new member to this group registration.

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Group Member(s)

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Step 6:

| | | | | | - | Add New Mem | ber | Submit | | | | |
|-----|------------|---------------|--------------|-----------------------------------|-------------------------|--------------------------------------|--------------|-----------|------------------|---------------|----------|--------------------|
| No. | Salutation | First Name | Last Name | Name to be printed on badge | Department/Speciality | Organisation | Job Title | Country | Mobile Number | Email Address | Category | Edit |
| 1 | Dr | TEST 2 | TEST | SHARON2 | Dietetics and Nutrition | Concord International Hospital | DR | SINGAPORE | | | Doctor | CŕEdit 聞Delete |
| 2 | Dr | test3 | test | sharon3 | Internal medicine | Concord International Hospital | doctor | SINGAPORE | | | Doctor | C∕Edit i∰Delete |

After completion of all members in this group registration, do click onto the "submit" button.





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Please check that your personal information is correct before completing your submission.

Group Co-ordinator Information

| Group Registration ID | : | 42070703 |
|-----------------------------|---|------------|
| Salutation | : | Ms |
| First Name | : | Test |
| Last Name | : | Test |
| Organisation | | OthersTest |
| Billing Contact Person Name | | TestTest |
| Address | | 20 Kallang |
| Country | | SINGAPO |
| Billing Contact Number | | +65 |
| Mobile | | +65 |
| Email | | |
| | | Edit |

| Ms |
|-----------------------------|
| Test |
| Test |
| OthersTest |
| TestTest |
| 20 Kallang Avenue 2nd Floor |
| SINGAPORE |
| +65 |
| +65 |
| |
| Edit |

Your Registration Details

| Delegate 1 | | |
|-----------------------------|---|---------------------------|
| Registration ID | | 42010337 |
| Salutation | | Mr |
| First Name | | Test 1 |
| Last Name | | Test 1 |
| Name to be printed on badge | | Test 1 |
| Department/Speciality | | Others |
| Organisation | | Sengkang General Hospital |
| Job Title | | Test 1 |
| Country | | SINGAPORE |
| Mobile Number | : | +65 |
| Email Address | : | |
| Category | | Doctor |
| Delegate 2 | | |
| Registration ID | | 42010338 |
| Salutation | | Ms |
| First Name | | Test 2 |
| Last Name | | Test 2 |
| Name to be printed on badge | | Test 2 |
| Department/Speciality | | Nurse |
| Organisation | | Raffles Hospital |
| Job Title | | Test 2 |
| Country | | SINGAPORE |
| Mobile Number | | +65 12345678 |
| | | |

Step 7:

Upon clicking onto the "Submit" button, it will lead you to the confirmation page as well as the payment segment at the bottom of this page.

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This confirmation page includes:

- 1. Group Co-ordinator Information
- 2. Group Member's Information
- 3. Types of Tickets for each group member
- 4. Mode of Payment





For Cheque and Telegraphic Transfer Only:



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Upon clicking onto the "Submit" button in the confirmation page, the website will bring you to this page which shows the confirmation of successful registration and you may proceed to pay with the selected mode of payment. Step 8:

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Upon successful payment, your registration will be confirmed. Please click on the Pay with Stripe button below to proceed with payment.



As the mode of payment is via credit card, you will be led to this page to make your respective payment.



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Step 9:



For Credit Card Only:

← 🖀 MP Singapore Pte Ltd

42070733-00000 SGD 856.00 XAE4200505202216031542070733 Pay with card

| ard information | | |
|---------------------|-----|---------|
| 1234 1234 1234 1234 | VIS | A 🛑 🥌 🏫 |
| MM / YY | CVC | |

Name on card

Country or region

Singapore 🗸

Save my info for secure 1-click checkout Pay faster on MP Singapore Pte Ltd and thousands of sites. Upon clicking onto "pay with stripe", kindly complete your credit card particulars.

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Powered by stripe Terms Privacy

Pay



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Kenes MP Asia

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