



Fax to 6224 7827 or email to dinner@sma.org.sg by 30 April 2012

Booking for the SMA Annual Dinner on 12 May 2012 (Saturday) at Marina Bay Sands

I wish to book _____ (quantity) table(s) at \$1500 (inclusive of 7% GST) per table for 10

Full Name: _____
Address: ____

Tel/HP: _____ Email: _____
Dietary Requirements: NIL / NO PORK NO LARD / VEGETARIAN

Total Amount Payable: \$ _____
A) Cheque (Bank & No.): _____
B) Credit Card No. (VISA/MASTERCARD): _____ - ____ - ____

CVV/CV2 No. (Last 3 digits on the back of card): ______

Expiry Date: ______
Signature: ______

Please note:

- I) For payment via cheque, please attach a crossed cheque to this form and send them together via postal mail to SMA, payable to "Singapore Medical Association". For payment via credit card (VISA/MASTERCARD, the SMA-UOB card preferred), please fax or mail this form to SMA. Strictly no cancellation or refund of this booking.
- 2) We reserve the right to change the dinner menu, programme, or any aspects of this dinner without notification.