



Case Management Society of Singapore

REGISTRATION FORM

BASIC CASE MANAGEMENT WORKSHOP 4, 5, 11 & 12 April 2019

**Venue: Kwong Wai Shiu Hospital, 705 Serangoon Road, Singapore 328127
Block A Training Room
Nearest MRT station: Boon Keng, NE9, Exit C**

Please complete the registration form and email to: cmss.enquiries@aic.sg

GENERAL INFORMATION

Name: _____

Designation: _____

SNB No: (*For Nurses only) _____

Organization / Department: _____

Mailing Address: _____

_____ Postal Code: _____

Telephone: (Mobile) _____ (Office) _____

Email Address: _____

WORKSHOP FEES

Please select your workshop fee

SGD 350 CMSS Member

SGD 500 Non-CMSS Member

PAYMENT MODE

Payment by Cash or Bank draft / Cheque

Bank Draft OR cheque must be crossed and made payable to Case Mgt Society of Singapore

Please send bank draft / cheque to:

c/o Agency for Integrated Care

No 5 Maxwell Road, #10-00 Tower Block

MND Complex, Singapore 069110

Attention: Ann Yin, Care Transition Division

***NOTE: If an invoice is required from CMSS, please provide the billing address, contact person's name and mobile / telephone number.**

For enquiries, please contact Ann at 6603 6913 or email: ann.yin@aic.sg