

**INTERNATIONAL WORKSHOP ON
POPULATION DYNAMICS AND INFECTIOUS DISEASE IN ASIA
Singapore, 27-29 October 2004**

Registration Form

Title (Prof./Dr./Mr./Mrs./Ms.):	Sex:
Surname:	First Name:
Institutional Affiliation:	
Mailing Address:	
Telephone:	Fax:
Email(s):	
Please tick as appropriate:	
<input type="checkbox"/> I would like to attend the workshop.	
<input type="checkbox"/> I enclose registration fee of S\$250. (Draft / Cheque No: _____) (Please fill in draft/cheque number)	

Registration Fee of S\$250 (inclusive of 5% Goods and Services Tax) by cheque or bank draft should be made payable to **National University of Singapore** in Singapore Dollars. On the reverse side of the cheque or bank draft, please indicate your name, and write "Infectious Disease Workshop".

Signature / Date

PLEASE SEND IN THIS FORM TOGETHER WITH YOUR PAYMENT TO:

Ms Verene Koh, Asian MetaCentre, c/o Asia Research Institute, National University of Singapore,
5 Arts Link, Shaw Foundation Building, AS7, SINGAPORE 117570.

Tel: 65-68746797 Fax: 65-67791428, Email: popnasia@nus.edu.sg.