



For Official Use: _____

REGISTRATION FORM

PARTICIPANT'S INFORMATION

**please circle where appropriate*

Salutation*: Ven/ Rev/ Prof/ Dr/ Mr/ Mrs/ Ms/ Mdm/ Others

Full Name (underline surname, if any): _____

Occupation: Social Worker/ Counsellor/ Creative Arts Therapist/ Others

Name of Organisation: _____

Organisation Type*: Healthcare/ Community or Social Care/ Religious Organisation/ Insurance/ Funeral Service/ Education Institution/ Others

Invoice to*: Participant/ Organisation

Billing Address: _____

Postal Code: _____ Country: _____

Email Address: _____

Mobile Number: _____ Office Number: _____

Dietary Requirements*: Halal/ Vegetarian/ Others

Other Special Needs (if any): _____

PROGRAMME

Programme (please select)	Fee (with GST)	Payable
Pre-Conference Workshop		
<input type="checkbox"/> Working with Grieving Children and Adolescents	\$374.50	
Main Conference		
<input type="checkbox"/> Early Bird (registration before 15 Aug 2018)	\$428.00	
<input type="checkbox"/> Regular (registration from 16 Aug to 15 Oct 2018)	\$535.00	
Post-Conference Workshop		
<input type="checkbox"/> Grief and Bereavement 101	\$374.50	
TOTAL PAYABLE		\$

For the main conference, please select your breakout sessions below
(please select **only one** ✓ from each track):

Time/Date	Track A (Heart)	Track B (Hands)	Track C (Head)
31 Oct 1.30pm-3.15pm	<input type="checkbox"/> Facing Our Death Creatively	<input type="checkbox"/> Use of Legacy Building in Grief Work	<input type="checkbox"/> Last Office? What's Next?
	<input type="checkbox"/> The Whole Hole		
31 Oct 3.45pm-5.30pm	<input type="checkbox"/> My Friend, Grief	<input type="checkbox"/> Partners on the Grief Journey	<input type="checkbox"/> Supporting Staff and Other Patients Affected by a Death
	<input type="checkbox"/> The Whole Hole		
1 Nov 11.30am-1.00pm	<input type="checkbox"/> Facing Our Death Creatively	<input type="checkbox"/> Use of Groups for Grief Support	<input type="checkbox"/> Unspeakable Grief
	<input type="checkbox"/> My Friend, Grief		

Are you attending the memorial on 1 Nov 2018 8.30am – 9.00am?* Yes/ No

PAYMENT

Are you applying for the VCF Training Grant?* : Yes/No

Pre-approved VCF training grant is pending approval. For participants who wish to apply to VCF, please submit the completed registration form, and we will contact you regarding payment at a later date. Please note that the fees quoted for the Main Conference, Pre-Conference and Post-Conference Workshops are before VCF Training Grant.

Payment Method (please select):

- By Cheque (made payable to "Singapore Hospice Council" in Singapore Dollars)

Name of Bank: _____ Cheque Number: _____
Please write your name and contact number at the back of the cheque.

- By Credit Card (Visa or Mastercard only)

Name on Card: _____

Card Number: _____

CVV: _____ Expiry Date (MM/YY): _____

TERMS AND CONDITIONS

1. Breakout sessions will be allocated on a first-come-first-serve basis. If your choice of breakout session is fully subscribed, we will assign you to other available sessions.
2. You will receive an acknowledgement of successful registration via email upon full payment. Payment must be made in Singapore Dollars. Early bird registration must reach us by 15 August 2018.
3. There **is no refund** for cancellation. An applicant who is unable to attend the conference may nominate an alternate. This is not applicable to VCF funded applicants. Requests for replacement must be made in writing to the GBC Secretariat no later than **15 October 2018**.
4. GBC Secretariat reserves the right to effect changes in the conference programme without prior notice to the participants. GBC Secretariat shall not be held liable for any loss of and/or damage to the property/personal belongings of the participants and/or their guests, during the conference.

Mail to: GBC2018
Singapore Hospice Council
1 Lorong 2 Toa Payoh
Yellow Pages Building Level 7
Singapore 319637

Tel : (65) 8823 3686
E-mail: gbc2018@singaporehospice.org.sg

PARTICIPANT'S AGREEMENT

By registering for the Grief and Bereavement Conference 2018, I acknowledge and agree with the abovementioned terms and conditions. I understand that the use of my personal data for this conference is in accordance with PDPA.

- I would like to subscribe to the mailing list of Singapore Hospice Council to receive its newsletter and updates on events.

Signature

Date

Organised by



Professional Partners



**Children's
Cancer
Foundation**