Date: DD MMM YYYY

Agency for Integrated Care Pte Ltd

No. 5 Maxwell Road

#10-00 Tower Block

MND Complex

Singapore 069110

Dear Sir/Madam,

STAFF REGISTRATION FOR COMMUNITY CARE CONFERENCE 2020 (CCC 2020)

1. <Name of Organisation#> would like to register our staff/employee for the Community Care Conference 2020, 13 – 15 Feb 2020.

2. <Name of Organisation#> understands that our organisation is able to enjoy the following subsidised rates to attend the conference:

|  |  |  |
| --- | --- | --- |
| **Categories of Tickets** | **Early Bird Rates**For registration submitted by end of business day 30 Nov 2019OR For group registrations of 5 or more attendees submitted by 1 Feb 2020  | **Normal Rates**For registration submitted from1 Dec 2019 to 1 Feb 2020 |
| Singapore Citizen or PR | Other Nationalities | Singapore Citizen or PR | Other Nationalities |
| **3-day**Pre- and Main Conference | S$ 90 | S$ 495 | S$ 110 | S$ 605 |
| **2-day** Main Conference only | S$ 80 | S$ 440 | S$ 85 | S$ 467.50 |
| **1-day**Pre-Conference only | S$ 20 | S$ 110 | S$ 25 | S$ 137.50 |

Note: Registration fees showed are excluding GST.

3. Annex A lists the staff/employee from <Name of Organization#> to be registered for CCC 2020 using the subsidised rate.

4. We certify that the information in Annex A is accurate.

5. We agree to inform AIC of any change in registrants for the conference by the end of business day 10 Jan 2020.

6. Full payment will be made within 30 days of receipt of invoice from I-PROMO Pte Ltd.

Yours sincerely,

<Person-in-charge>

<Salutation>

Human Resource

<Name of Organisation#>

**ANNEXE A**

The information provided in this application will be used by AIC for the purpose of processing your registration and subsidized rates for the Community Care Conference 2020.

By submitting this application, you hereby agree that AIC may collect, store, process, and disclose your personal data that you provide in this application for the purpose of sending you updates about the various events, courses, seminars and related activities organized or co-organized by AIC.

You also consent to the disclosure of your personal data to AIC’s representatives, agents, and other third-party service providers (collectively, “AIC’s Agents”) that AIC may engage from time to time.

For more information, please view our Data Protection Policy at <https://www.aic.sg/data-protection-policy> or contact us at pdpa@aic.sg.

**LIST OF STAFF IN <NAME OF ORGANISATION#> TO BE REGISTERED FOR THE COMMUNITY CARE CONFERENCE 2020**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S/N** | **Salutation** | **Name** | **E-mail** | **Designation** | **Residency Status****SC / PR / Other** | **Subsidised Fee** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Total** |  |

By signing below, I hereby acknowledge that I have completely read and fully understood the terms and conditions of registration for the Community Care Conference 2020. I also affirm the truth of the following statement:

The persons whose names are listed in the table above are staff/employee from <Name of Organisation#> and are to be registered for the Community Care Conference 2020.

|  |  |
| --- | --- |
| Signature of CEO / Head of Organisation\* |  |
| Name of CEO / Head of Organisation\* |  |
| Date (DD/MM/YYYY) |  |
| Official stamp of the Organisation |  |

\*Delete where applicable