



SINGAPORE SERIES 2020 Registration Form

For registration, please email the completed form to *Alicia* at: alicialoy@ahd.com.sg
Closing Date: 15 Jun 2020 or when all workshop places are filled, whichever is earlier.
Registration is on a **first-come-first-served** basis upon receipt of payment.

Personal Particulars

Full Name (to be printed on certificate): _____

Phone: _____ Email Address: _____

Address: _____

Dietary Requirements: _____ Other Special Needs (if any): _____

Professional Background

Name of Organization: _____

Type of Organization:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Private Practice | <input type="checkbox"/> Hospice / Palliative Care | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Community Services | <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Funeral Home |
| <input type="checkbox"/> Others (please specify): _____ | | |

Discipline of Profession:

- | | | |
|---|---|---|
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Counsellor / Therapist |
| <input type="checkbox"/> Clergy / Pastoral Care | <input type="checkbox"/> Marriage & Family Therapist | <input type="checkbox"/> Physician / Nurse |
| <input type="checkbox"/> Professor / Lecturer | <input type="checkbox"/> Researcher | <input type="checkbox"/> Funeral Service |
| <input type="checkbox"/> Coach | <input type="checkbox"/> Art or Expressive Arts Therapist | |
| <input type="checkbox"/> Others (please specify): _____ | | |

Registration *(Please tick the appropriate box below)*

- | | |
|---|------------------------|
| <input type="checkbox"/> Early Bird (until 31 March 2020) | Fee
SGD\$875 |
| <input type="checkbox"/> Lessons of Loss: A Clinician's Toolbox on 2-3 July 2020
<input type="checkbox"/> Compassion-Based Grief Therapy for Non-Death Losses on 7-8 July 2020 | |
| <input type="checkbox"/> Regular Rate (from 1 April 2020 onward) | SGD\$950 |
| <input type="checkbox"/> Lessons of Loss: A Clinician's Toolbox on 2-3 July 2020
<input type="checkbox"/> Compassion-Based Grief Therapy for Non-Death Losses on 7-8 July 2020 | |
| <input type="checkbox"/> Special Bundle Rate for all 4 days | SGD\$1,650 |



Payment (Please indicate billing instructions and mode of payment below)

Bill to the following organisation:

Attention to: _____ Email: _____
Name of Organisation: _____ Contact No.: _____
Address of Organisation: _____

Local Cheque

- Please make it payable to **Academy of Human Development Pte Ltd**, and indicate behind a) Workshop Dates; and b) Name of Participant(s).
- Please mail the completed form and cheque to **Academy of Human Development Pte Ltd, 43 Middle Rd, #03-00, Boon Sing Building, Singapore 188952** (Attention to: Ms Alicia Loy).

Internet Banking

- Bank Account Name: Academy of Human Development Pte Ltd
Bank Name: OCBC Bank
Bank Account Number: 5330-5852-5001
Bank Code: 7339; Brank Code: 533
- Please input your full name for the bank reference.
- Please provide a copy of Bank Transfer Reference or a print screen with payment date, amount and reference number.

Terms and Conditions

1. You will receive a confirmation of registration via email upon successful payment.
2. Refund policy
Should you be unable to attend the *Singapore Series 2020* after registration, you may write in to the Academy of Human Development (AHD) to request for withdrawal and refund according to the following guidelines:
 - a) Before 1 May 2020: refund minus 10% service fee
 - b) Between 1 May to 15 June 2020: refund minus 20% service fee
 - c) 16 Jun 2020 onward: No refund permitted
3. PI reserves the right to make any necessary changes to the *Singapore Series 2020* workshop without prior notice to the participants.

Agreement

- By signing this form, I acknowledge and agree with the above-mentioned terms and conditions. I consent to the use of my personal data and payment details by PI and its Learning Partner, AHD, for this registration.
- I would like to subscribe to PI's mailing list for its future updates on matters pertaining to PI-related workshops, events and services.
- I would like to subscribe to AHD's mailing list for its future updates on matters pertaining to AHD-related training programmes and services.

Name: _____ Signature: _____

We regard the privacy of your personal data as important and we are committed to accord your given data the due level of care, as presented in this document and consistent with the Personal Data Protection Act 2012.