

# UNITE SPLD 2020—ONLINE CONFERENCE

24 TO 25 JUNE 2020



## OFFLINE REGISTRATION FORM : *Please use one Registration Form per Participant.*

Surname: \_\_\_\_\_  
 Given Name: \_\_\_\_\_  
 Contact Number: (HP) \_\_\_\_\_ (H) \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Organisation: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 *By providing us with your email address, you are allowing us to communicate with you for UNITE SPLD 2020. Please tick if you wish to receive other regular updates from the DAS via this email account.*

We are interested to know how you found out about UNITE SpLD 2020  
*(Tick all that are applicable)*

- Facebook / Instagram
- EDM—Direct Email Mailer
- Radio / TV
- Friends and Family
- DAS Website
- DAS Staff
- Magazines: \_\_\_\_\_
- School
- Brochures / Newsletters / Flyers
- Other websites
- Other: \_\_\_\_\_

NO. OF PAX	PAYMENT DETAILS	
	<b>UNITE SPLD 2020 TICKETS PRICE—\$75 (2-DAY CONFERENCE)</b>	<b>TOTAL \$</b>
<b>DAS MEMBER RATES</b> <i>(DAS PARENTS &amp; STUDENTS, DAS STUDENT ALUMNI, RETA MEMBERS &amp; HIGHER LEARNING STUDENTS)</i>		
	<b>\$67.50</b> DAS Members for 2-Day Conference (2-DAY CONFERENCE)	<b>TOTAL \$</b>

*\*Please indicate Child's BC No. / RETA Member No. / Student ID No.:*

### MODE OF PAYMENT

**PAYNOW**

*Please quote **UNITE2020** and **REGISTRANT NAME** when making remittance payments*

**PAYNOW: DYSLEXIA ASSOCIATION OF SINGAPORE's UEN: S91SS0096B**

**CHEQUE:** *To be made payable to 'DAS'. Send the completed registration form and cheque payment to:*

UNITE SPLD 2020, 1 Jurong West Central 2, #05-01, Jurong Point, Singapore 648886  
 Attention: Marlini Bte Ali email: events@das.org.sg

**TELEGRAPHIC TRANSFER:** *To be made in \$SG, please cover bank charges and email the payment confirmation advice to: **finance@das.org.sg***

**Account Name:** Dyslexia Association of Singapore

**Bank Code:** 7339      **Account No.:** 501-854418001      **SWIFT Code:** OCBCSGSG

**Bank:** Oversea-Chinese Banking Corporation Limited



**SCAN TO PAY**

**PayNow Ref:** UNITE2020\_YourLast Name

**INVOICE TO ORGANISATION OR SCHOOL:** *Please provide information below:*

Organisation/School Name: \_\_\_\_\_ UEN: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Attention To: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Approver Personnel: \_\_\_\_\_ Authorising Signature: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Date: \_\_\_\_\_

**E-INVOICE (under Vendors@Gov only):** *Please provide the information below:*

Ministry / Statutory Board: \_\_\_\_\_

Department: \_\_\_\_\_ Attention To: \_\_\_\_\_

Sub Business Unit: \_\_\_\_\_ Authorising Signature: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICIAL USE ONLY:

OFFICIAL RECEIPT NO.	PAYMENT METHOD	AMOUNT	RECEIVED BY	DATE