

UNITE 2026 - 25 TO 26 JUNE 2026

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 UNITE2026. Please tick if you wish to receive other regular updates from the DAS via this email account.

UNITE 2026 TICKETS	STANDARD	Early Bird*	GROUP^	GROUP Early Bird*	No Pax	Amount	STREAM DAY 1	STREAM DAY 2
Two Day Conference	\$398	\$299	\$335	\$259				
One Day Conference	\$199	\$149	\$179	\$129				
DAS PARENTS & MEMBERS, RETA MEMBERS							STREAM DAY 1	STREAM DAY 2
Two Day Conference	\$100	One Day Conference	\$50					

* Early Bird Rates available until 31 May 2026

^ Group Bookings for 5 or more people



We are interested to know how you found out about UNITE 2026 (Tick all that are applicable)

- Facebook / Instagram
- EDM—Direct Email Mailer
- Friends and Family
- DAS Website
- DAS Staff / Learning Centre
- School
- Brochures / Newsletters / Flyers
- Other websites
- Other: _____

PAYNOW

PAYNOW: DYSLEXIA ASSOCIATION OF SINGAPORE UEN: 202114767K



SCAN TO PAY

PayNow Ref:
UNITE2026_Your Last Name

Please quote **UNITE2026** and **REGISTRANT NAME** when making remittance payments

CHEQUE: To be made payable to 'Dyslexia Association of Singapore'. Send the completed registration form and cheque payment to:

UNITE 2026, 1 Jurong West Central 2, #05-01, Jurong Point, Singapore 648886
Attention: UNITE Committee 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.: 601621618001 SWIFT Code: OCBCSGSG

Bank: Oversea-Chinese Banking Corporation Limited

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