

**Microsurgery Training Laboratory**

**Hand & Reconstructive Microsurgery**

**National University Hospital, Singapore**

**CREDIT CARD AUTHORIZATION FORM**

This form must be completed in full, signed by an authorized user of the credit card and emailed to [micro\_course@nuhs.edu.sg](mailto:micro_course@nuhs.edu.sg). Original receipt will be issued during the course.

For foreign participants, actual fees at the time of issuance may fluctuate due to exchange rate movements. We will calculate the correct fee on your behalf. Your signature on this form indicates acceptance of these terms and authorizes us to charge the actual fee to your card. You will receive a receipt showing the actual fee during your course.

**Applicant’s Details**

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| --- | --- |
| Name: | ­­­ |
| Designation: |  |
| Organisation: |  |
| Address: |  |
| Contact number: |  |
| Email: |  |

**Selected Course(s):**

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| --- | --- |
| Introductory Course (1 day) S$300 | Refresher Course (1 day)  Course 1 (Lifelike tissue & chicken thigh model) S$300  Course 2 (Rat model) S$400 |
| Basic Skills Course (2 days) S$600 | Advanced Course (4 days) S$1400   * Back-Wall Up module * End-to-Side Module * Vein Graft Module |
| Certificate Course (5 days) S$1600 |

**Payment Details**

|  |  |
| --- | --- |
| Credit Card Type: | Visa  MasterCard  Amex  Diners |
| Name on Credit Card: |  |
| Credit Card Number: |  |
| Expiry Date (Month/ Year): |  |
| Security Code: |  |
| Signature: | ­­­ |

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| **For Official use:**  Department Fund No: | ND113020181A |
| Course Date: |  |
| Total Amount charged: |  |