# iCAT 2008 2nd International Conference on Advanced Tribology

3 - 5 December 2008, Singapore

http://www.icatsingapore.org ☎(65)6516 5113 icat2008@nus.edu.sg

Please complete this form and fax to iCAT'08 Secretariat at (65)6874 5097. Please email us if you did not receive any acknowledgement within 5 working days after you have sent in your registration

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## DELEGATE PARTICULARS

**Name**: Dr/Mr/Mrs/Ms*

*Please underline Surname/Last Name*

**Designation:** **iCAT Paper IDs:**

**Organization/Department:**

**Address:**

**Postal/Zip Code:**

| **Tel:** | **Fax:** | **Email:** |
|---|---|---|

## CONFERENCE REGISTRATION FEES (SGD) Please ✓ as applicable

Payments are to be made in Singapore dollars (SGD) as quoted below.

| **Category** | **Early Bird Rates** *On or Before 1st October 2008* | **Standard Rates** *After 1st October 2008* |
|---|---|---|
| Standard Delegate* | ☐ SGD 800.00 | ☐ SGD 900.00 |
| Student Delegate** *(student verification from Institute)* | ☐ SGD 350.00 | |
| Additional Banquet Ticket | ☐ SGD 100.00 | |

* Includes Welcome tea/coffee, daily coffee breaks and lunches, attendance at all technical sessions and keynote lectures, a copy of the conference program and a copy of the book of abstracts, entry to exhibition and conference gala dinner.

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All full-fee-paying conference delegates will receive a personal copy of the special issue of Tribology International upon its publication.

## PAYMENT MODE Please ✓ as applicable

Payment must be made in SGD by local cheque, bank draft, telegraphic transfer or credit card (Visa, Mastercard or American Express) and must be received prior to commencement of conference.

☐ **Cheque/Bank Draft** *(Payable to "National University of Singapore")*

Bank Name:_____ Cheque/Bank Draft No: _____

☐ **Telegraphic Transfer**

All banking charges should be borne by registrant. Kindly attach a copy of your bank advice slip with this registration form.

Please use the information below for Telegraphic Transfer in **SGD** :

Account Name : National University of Singapore
Bank Account No. : 032-000313-3
Bank Name : DBS Bank Ltd, Singapore
Branch : DBS Great World City
Swift Code : DBSSSGSG
Address of Bank : 6 Shenton Way, DBS Building Singapore 068809
Ref : iCAT2008

☐ **Credit Card**

Type of Card: ☐ Visa ☐ Mastercard ☐ American Express

Cardholder's Name :_____ Expiry Date: _____ (MM/YY)

Card No: | | | | | | | | | | | | | | | | |

By providing the above, I am authorizing iCAT '08 Secretariat to charge SGD _____ to my credit card.

Cardholders' Signature: _____ Date: _____

**Conference Dinner:** Chinese Menu with no pork/lard will be served. If you have special dietary preference, kindly indicate accordingly:

**c/o Professional Activities Centre, Faculty of Engineering**
**National University of Singapore Blk EA #05-34, 9 Engineering Drive 1 S(117576)**
**Tel: (65)6516 5113 Fax: (65)6874 5097 Email: icat2008@nus.edu.sg**