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| **Supporting Students with**  **Autism Spectrum Disorder (ASD)**  **by Dr Nah Yong Hwee**  **14th July 2023 l 9.00am to 4.00pm**  **St Joseph’s Institution (ISH Training Room)** | |
| Closing Date:  30th June 2023  Or when all seats are taken up. | Participants must have a basic knowledge of Autism Spectrum Disorder (ASD)  Only 40 seats available.  Priority for ASCD (Singapore) members if forms are received by  10th June 2023.  Registration closes as soon as seats are all taken up. |

**Become an ASCD (Singapore) Member!**

**Individuals who pay the Non-Member Fees will receive Ordinary Membership Fees.**

*Schools can pay for Institutional Membership: S$300.00* **to send teachers at Member Rate.**

**All Memberships will be valid until 31 December 2023**

**Please request for Membership Form at** [**ascdadmin@work-solutions.com**](mailto:ascdadmin@work-solutions.com)

***Register here for Individual, Self-Paying Participants (For schools, use next page)***

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| --- | --- | --- | --- | --- | --- | --- |
|  | Name of Participant | Email Address | Teaching Levels | Teaching Subject | Mobile Phone No. | ASCD Singapore Membership Type *(Please click one)* |
| 1 |  |  |  |  |  | Life  Ordinary  Non-Member |
|  | Postal Address (include postcode) | | | | | |
| 2 |  |  |  |  |  | Life  Ordinary  Non-Member |
|  | Postal Address (include postcode) | | | | | |

***Important Note:***

***Please complete the Confirmation of Payment Section on the next page.***

***Register for Schools, Organisations and Institutional Members on next page please >>>***

***Register here for Schools/Organisations ASCD (Singapore) Institutional Members & Non-Member Schools)***

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| Name of School or Organisation | |  | | | | | | | |
| Postal Address | |  | | | | Postcode | |  | |
| Name of Liaison Person | |  | | | | Office  Phone No | |  | |
| Designation of Liaison Person | |  | | | | Extension No | |  | |
| Liaison Person’s Email Address | |  | | | | Mobile Phone No | |  | |
| **Particulars of Participants from Schools**  *Note: Please complete the Confirmation of Payment Section* | | | | | | | | | | |
| No | Name of Participant | | Email Address | Teaching Levels | Teaching Subjects | | Mobile Phone No. | | ASCD Singapore Membership Type *(Please check one)* | |
| 1 |  | |  |  |  | |  | | Life / Ordinary  Institutional  Non-Member | |
| 2 |  | |  |  |  | |  | | Life / Ordinary  Institutional  Non-Member | |
| 3 |  | |  |  |  | |  | | Life / Ordinary  Institutional  Non-Member | |
| 4 |  | |  |  |  | |  | | Life / Ordinary  Institutional  Non-Member | |
| 5 |  | |  |  |  | |  | | Life / Ordinary  Institutional  Non-Member | |
| 6 |  | |  |  |  | |  | | Life / Ordinary  Institutional  Non-Member | |

*Insert more rows if required.*

**Confirmation of Payment** *(Please select one option with “X”)*

|  |  |  |
| --- | --- | --- |
|  | 1 | Please **e-invoice** my school (the following information MUST be provided)  **SBU No:**  **Attention to**: |
|  | 2 | Please issue a **hard-copy invoice** and send via email. Payment will be made immediately on receipt of invoice. (Only for institutes, schools) |
|  | 3 | **Cash or Online Bank Transfers** can be made to our bank account:  Payee: ASCD (Singapore)  Bank Account No: DBS Bank A/c Number: 020-004574-4  Please email your transaction advice to [ascdadmin@work-solutions.com](mailto:ascdadmin@work-solutions.com) |
|  | 4 | **Cheques** should be made payable to ASCD (SINGAPORE)  Cheque No: \_\_\_\_\_\_\_\_\_\_\_\_\_Amount of Cheque: S$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ is attached.  Please post original forms and payment to the address listed below.  ASCD (S) Secretariat, 73 Ubi Road 1, #07-62 Oxley BizHub, Singapore 408733 |