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| **Supporting Students with** **Autism Spectrum Disorder (ASD)****by Dr Nah Yong Hwee****21st MAY 2024 l 9.00am to 4.00pm****St Joseph’s Institution (ISH Training Room)**  |
| Closing Date: **7th May 2024,**or when all seats are taken up. | Participants must have a basic knowledge of Autism Spectrum Disorder (ASD)**Only 40 seats available.**ASCD (Singapore) Members will get priority if forms are received by **30th April 2024.**Registration closes as soon as all seats are taken up. |

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

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

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

**All Memberships will be valid until 31 December 2024.**

**Please request for Membership Form at** **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”)*

|  |  |
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|[ ]  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: 020-004574-4UEN No: S89SS0105L001Please email your transaction advice to 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 |