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| **Supporting Students with**  **Autism Spectrum Disorder (ASD)**  **by Dr Nah Yong Hwee**  **5th JULY 2024 l 9.00am to 4.00pm**  **St Joseph’s Institution (ISH Training Room)** | |
| Closing Date:  **21th June 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  **7th June 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**](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”)*

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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: 020-004574-4  UEN No: S89SS0105L001  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 |