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| **UBD%20Combined%20Logos** |  | C:\Users\asnah.yusof\Downloads\[OFFICIAL FON CMU LOGO ENGLISH] LARGE 6142x6142 300DPI TRANSPARENT BG PN... (1).png |
| **Universiti Brunei Darussalam**  Pengiran Anak Puteri Rashidah Sa’adatul Bolkiah  Institute of Health Sciences | **Politeknik Brunei**  School of Health Sciences  Brunei Darussalam | **Chiang Mai University**  Faculty of Nursing  Thailand |

**11th International Nursing and Midwifery Conference 2020**

**“Nurses and Midwives in Rising Economic Challenges in Health Care Today”**

**18- 19 April 2020** / 24 - 25 Syaaban 1441

Organised by

**PAPRSB Institute of Health Sciences, Universiti Brunei Darussalam (UBD)**

In collaboration with

**School of Health Sciences Politeknik Brunei, Brunei Darussalam AND Chiang Mai University, Thailand**

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| **REGISTRATION DETAILS** | | | | | | | | | | | |
| Full name |  | | | | | | Organisation | | |  | |
| Designation |  | | | | | | Email Address | | |  | |
| Address |  | | | | | | | | | | |
| Mobile No |  | | | | Fax No | |  | | | Office No |  |
| Abstract submission  Deadline 28-Feb | Yes | | No | | | |  | | | | |
| Oral presentation | | Poster presentation | | | | Participant | | | Conference DINNER  **BND$15** Sat 18-Apr | | |
| Food preferences | Vegetarian | | | Non-Vegetarian | | | | Food Allergy |  | | |

Please tick (🗸) where applicable

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **REGISTRATION FEE** | | | | |
| **Please tick** (🗸) **where applicable** | **Full participants (2 days)** | | | **Daily Participant** |
| **Early Bird Rate**  before 28-Feb | **Normal Rate**  before 31-Mac | **Onsite Rate** | **18** OR **19 April** |
| **INTERNATIONAL** Speaker / Poster presentation / Participant | USD$150  (BND210) | USD$200  (BND280) | USD$250  (BND350) | USD$100  (BND140) |
| **INTERNATIONAL GROUP BOOKING** for 5 pax | USD$675  (BND945) | USD$900  (BND1260) |  | |
| **INTERNATIONAL STUDENTS** Speaker/ Poster presentation / Participant | USD$50  (BND70) | USD$75  (BND105) | USD$100  (BND140) |  |

Page 2 of 3

**\*Please fill in the name of the other four (4) participants**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REGISTRATION DETAILS for Participant 2 of 5** *(International participant ONLY)* | | | | | | | | | | | |
| Full name |  | | | | | | Organisation | | |  | |
| Designation |  | | | | | | Email Address | | |  | |
| Address |  | | | | | | | | | | |
| Mobile No |  | | | | Fax No | |  | | | Office No |  |
| Abstract submission | Yes | | No | | | |  | | | | |
| Oral presentation | | Poster presentation | | | | Participant | | | Conference DINNER  BND$15 Sat 18-Apr | | |
| Food preferences | Vegetarian | | | Non-Vegetarian | | | | Food Allergy |  | | |

Please tick (🗸) where applicable

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REGISTRATION DETAILS for Participant 3 of 5** *(International participant ONLY)* | | | | | | | | | | | |
| Full name |  | | | | | | Organisation | | |  | |
| Designation |  | | | | | | Email Address | | |  | |
| Address |  | | | | | | | | | | |
| Mobile No |  | | | | Fax No | |  | | | Office No |  |
| Abstract submission | Yes | | No | | | |  | | | | |
| Oral presentation | | Poster presentation | | | | Participant | | | Conference DINNER  BND$15 Sat 18-Apr | | |
| Food preferences | Vegetarian | | | Non-Vegetarian | | | | Food Allergy |  | | |

Please tick (🗸) where applicable

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REGISTRATION DETAILS for Participant 4 of 5** *(International participant ONLY)* | | | | | | | | | | | |
| Full name |  | | | | | | Organisation | | |  | |
| Designation |  | | | | | | Email Address | | |  | |
| Address |  | | | | | | | | | | |
| Mobile No |  | | | | Fax No | |  | | | Office No |  |
| Abstract submission | Yes | | No | | | |  | | | | |
| Oral presentation | | Poster presentation | | | | Participant | | | Conference DINNER  BND$15 Sat 18-Apr | | |
| Food preferences | Vegetarian | | | Non-Vegetarian | | | | Food Allergy |  | | |

Please tick (🗸) where applicable

Page 3 of 3

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REGISTRATION DETAILS for Participant 5 of 5** *(International participant ONLY)* | | | | | | | | | | | |
| Full name |  | | | | | | Organisation | | |  | |
| Designation |  | | | | | | Email Address | | |  | |
| Address |  | | | | | | | | | | |
| Mobile No |  | | | | Fax No | |  | | | Office No |  |
| Abstract submission | Yes | | No | | | |  | | | | |
| Oral presentation | | Poster presentation | | | | Participant | | | Conference DINNER  **BND$15** Sat 18-Apr | | |
| Food preferences | Vegetarian | | | Non-Vegetarian | | | | Food Allergy |  | | |

Please tick (🗸) where applicable

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| --- | --- |
| **PAYMENT METHODS** | **CONTACT DETAILS** |
| 1. **BANK DRAFT** (personal cheque will **not be accepted**) 2. **DIRECT BANK TRANSFER**   Payment should be made to:  **Account name : Tabung Universiti Brunei Darussalam**  **Account no : 06-00130-265788**  **Bank’s name : Baiduri Bank Berhad**  **Bank’s address : Block A & B , Kiarong Complex, Lebuhraya**  **Sultan Haji Hassanal Bolkiah, Bandar Seri**  **Begawan BE1318, Negara Brunei Darussalam**  **Swiftcode: BAIDBNBB**   1. **For Cash/Credit Card**   Payment should be made at the Finance Counter, Ground Floor, Administrative Block UBD or Onsite. | **Secretariat**  [secretariat.inmc@ubd.edu.bn](mailto:secretariat.inmc@ubd.edu.bn)  Phone : +673 2463001  Ext : 2209, 2241, 2206 and 2202  **Completed form should be email to :**  [Registration.inmc@ubd.edu.bn](mailto:Registration.inmc@ubd.edu.bn)  Or Fax t0 +673 2461081  **Abstract should be email to :**  [Abstract.inmc@ubd.edu.bn](mailto:Abstract.inmc@ubd.edu.bn) before **31st January 2020** |

**Disclaimer**

Please read and understand the following disclaimer. Upon sending in the registration page, it is understood that you agreed upon the following service. UBD reserves the right to change the content, the speaker, the time or the venue due to unforeseen circumstances.

**Cancellation Policy**

Provided the total fee has been paid, substitutions of participants are allowed seven (7) working days before the event. **Otherwise all booking carry a 100% cancellation liability immediately after UBD has received a signed and completed registration form, the delegate agree that in case of dispute or cancellation of this contract, UBD will not able to mitigate its losses for any less than 100% of the total contract values.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_