

Revised 27-Jan-20

For **INTERNATIONAL** participants / speakers



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

REGISTRATION DETAILS					
Full name				Organisation	
Designation				Email Address	
Address					
Mobile No			Fax No	Office No	
Abstract submission Deadline 28-Feb	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<input type="checkbox"/> Oral presentation	<input type="checkbox"/> Poster presentation	<input type="checkbox"/> Participant	<input type="checkbox"/> Conference DINNER BND\$15 Sat 18-Apr		
Food preferences	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> 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	<input type="checkbox"/> USD\$150 (BND210)	<input type="checkbox"/> USD\$200 (BND280)	<input type="checkbox"/> USD\$250 (BND350)	<input type="checkbox"/> USD\$100 (BND140)
INTERNATIONAL GROUP BOOKING for 5 pax	<input type="checkbox"/> USD\$675 (BND945)	<input type="checkbox"/> USD\$900 (BND1260)		
INTERNATIONAL STUDENTS Speaker/ Poster presentation / Participant	<input type="checkbox"/> USD\$50 (BND70)	<input type="checkbox"/> USD\$75 (BND105)	<input type="checkbox"/> USD\$100 (BND140)	

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

REGISTRATION DETAILS for Participant 2 of 5 (<i>International participant ONLY</i>)					
Full name				Organisation	
Designation				Email Address	
Address					
Mobile No			Fax No		Office No
Abstract submission	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<input type="checkbox"/> Oral presentation	<input type="checkbox"/> Poster presentation	<input type="checkbox"/> Participant	<input type="checkbox"/> Conference DINNER BND\$15 Sat 18-Apr		
Food preferences	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Non-Vegetarian	Food Allergy		

Please tick (✓) where applicable

REGISTRATION DETAILS for Participant 3 of 5 (<i>International participant ONLY</i>)					
Full name				Organisation	
Designation				Email Address	
Address					
Mobile No			Fax No		Office No
Abstract submission	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<input type="checkbox"/> Oral presentation	<input type="checkbox"/> Poster presentation	<input type="checkbox"/> Participant	<input type="checkbox"/> Conference DINNER BND\$15 Sat 18-Apr		
Food preferences	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Non-Vegetarian	Food Allergy		

Please tick (✓) where applicable

REGISTRATION DETAILS for Participant 4 of 5 (<i>International participant ONLY</i>)					
Full name				Organisation	
Designation				Email Address	
Address					
Mobile No			Fax No		Office No
Abstract submission	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<input type="checkbox"/> Oral presentation	<input type="checkbox"/> Poster presentation	<input type="checkbox"/> Participant	<input type="checkbox"/> Conference DINNER BND\$15 Sat 18-Apr		
Food preferences	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Non-Vegetarian	Food Allergy		

Please tick (✓) where applicable

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	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
<input type="checkbox"/>	Oral presentation	<input type="checkbox"/>	Poster presentation	<input type="checkbox"/>	Participant
				<input type="checkbox"/>	Conference DINNER BND\$15 Sat 18-Apr
Food preferences	<input type="checkbox"/>	Vegetarian	<input type="checkbox"/>	Non-Vegetarian	Food Allergy

Please tick (✓) where applicable

PAYMENT METHODS	CONTACT DETAILS
<p>1. BANK DRAFT (personal cheque will not be accepted)</p> <p>2. DIRECT BANK TRANSFER</p> <p><u>Payment should be made to:</u></p> <p>Account name : Tabung Universiti Brunei Darussalam</p> <p>Account no : 06-00130-265788</p> <p>Bank's name : Baiduri Bank Berhad</p> <p>Bank's address : Block A & B , Kiarong Complex, Lebuhraya Sultan Haji Hassanah Bolkiah, Bandar Seri Begawan BE1318, Negara Brunei Darussalam</p> <p>Swiftcode: BAIDBNBB</p> <p>3. For Cash/Credit Card</p> <p>Payment should be made at the Finance Counter, Ground Floor, Administrative Block UBD or Onsite.</p>	<p>Secretariat</p> <p>secretariat.inmc@ubd.edu.bn</p> <p>Phone : +673 2463001</p> <p>Ext : 2209, 2241, 2206 and 2202</p> <p>Completed form should be email to :</p> <p>Registration.inmc@ubd.edu.bn</p> <p>Or Fax to +673 2461081</p> <p>Abstract should be email to :</p> <p>Abstract.inmc@ubd.edu.bn before 31st January 2020</p>

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: _____