

NHG Training Acknowledgement Slip (TAS)

Dear Training Administrator,

I hereby acknowledge that the following staff will be attending the NHG Training Course(s)/Event(s):

Participants' Details

Institution: _____ **Department:** _____

Full Name	Email	Contact No (Office & HP)	ADID / Login ID <i>(for NHG / NUH Staff)</i>	Payment Mode

Course(s)/Event(s) Details

Course(s)/Event(s)Title	Date(s) / Time	Course Fees	Cost Centre Number / Internal Order (IO) Code

Terms & Conditions

- Your reservation will be confirmed upon receipt of the TAS. Each TAS must be completed in full and returned to the NHG Clinician-Scientist Development Office (CSDO) before the course.
- Upon submission of the TAS, it is deemed that the registration is accepted by NHG CSDO. Failure to attend course/event does not exempt any registrants from full payment.

***For any assistance on the TAS or research training matters, please contact us at
Email: researchtraining@nhg.com.sg | DID: 6496 6023***

Billing Information

Billing Institution / Account (Full Name of Institution / Account to be stated on the invoice)		Billing Address (Please provide the full address)
Details of Fund Controller / HR / Finance Personnel		
Name		
Department		
Institution		
Tel. No.		
Fax No.		
Email		

Signature of **Fund Controller / HR / Finance Personnel

Date:

**Fund Controller is the person in charge of the funds which will be used to pay for your course fees.