

# Symposium For People With Epilepsy and their Carers

## Saturday, 7 July 2007

The Symposium for people with epilepsy will be held on Saturday, 7 July 2007 from 9.00 am to 5.30 pm at Suntec Singapore. This event is held in conjunction with the International Epilepsy Congress 2007.

### Key Themes To Be Addressed:

- √ Family & Marital Relationship
- √ Women & Epilepsy
- √ Employment
- √ Epilepsy & the Law / Driving
- √ Education & Learning Issues
- √ Children with Epilepsy

**The panel of distinguished speakers comprises doctors, social workers and professionals. There will be sharing sessions for participants.**

### WHY YOU SHOULD ATTEND

- √ Identify critical issues and challenges faced by people with epilepsy.
- √ Investigate upcoming and in-depth information regarding epilepsy.
- √ Form new friendships and foster closer ties among local and international peers.

### WHO SHOULD ATTEND

- √ People with epilepsy
- √ Care-givers
- √ Volunteers

Registration Fee (inclusive of materials / refreshments / lunch / dinner)	Before 1 June 2007 Early Bird Per Pax	After 1 June 2007 Per Pax
Individual	S\$80/-	S\$90/-
Group (Min. 10 paxs)	S\$70/-	S\$80/-

### Sponsors



### Organisers



Singapore Epilepsy Foundation  
149 Rochor Road, #04-06 Fu Lu Shou Complex  
Singapore 188425 Tel: 63344302 Fax 63344669  
Co. Reg. No. 199409591D



26 Dunearn Road Level 2 Singapore 309423  
Tel: 63580566, Fax: 63580567  
ROS No. 226/95 WEL

# Symposium For People With Epilepsy and their Carers

## Group Registration Form

### Participants' Details:

S/N	Title	Surname/ Family Name	Given Name	Diet Specifications eg Halal
	Mr/Mrs/ Mdm/Ms*			
	Mr/Mrs/ Mdm/Ms*			
	Mr/Mrs/ Mdm/Ms*			
	Mr/Mrs/ Mdm/Ms*			
	Mr/Mrs/ Mdm/Ms*			
	Mr/Mrs/ Mdm/Ms*			
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	Mr/Mrs/ Mdm/Ms*			
	Mr/Mrs/ Mdm/Ms*			
	Mr/Mrs/ Mdm/Ms*			
	Mr/Mrs/ Mdm/Ms*			

\*Delete where inapplicable

Organisation Name\*: \_\_\_\_\_

Address : \_\_\_\_\_

Country: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Designation: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email : \_\_\_\_\_

Bank Draft No. \_\_\_\_\_ Bank: \_\_\_\_\_ Amount: S\$ \_\_\_\_\_

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

**Notes:**

1. Please submit the registration form via email, facsimile or post to:-  
 Email: reg2007@epilepsy.com.sg  
 Fax: (65) 63344669  
 Post: Singapore Epilepsy Foundation  
 149 Rochor Road  
 #04-06 Fu Lu Shou Complex  
 Singapore 188425
2. Payment method: Bank draft in Singapore dollars.
3. Bank draft should be made payable to "PWE 2007".

<p><b>For Office Use Only</b></p> <p>a. Registration Form received on _____</p> <p>b. Bank draft received? Yes / No</p> <p>c. Information update on database</p>	<p>Updated by:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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# Symposium For People With Epilepsy and their Carers

## Individual Registration Form

### Participants' Details:

S/N	Title	Surname/ Family Name	Given Name	Diet Specifications eg Halal
	Mr/Mrs/ Mdm/Ms*			
	Mr/Mrs/ Mdm/Ms*			
	Mr/Mrs/ Mdm/Ms*			
	Mr/Mrs/ Mdm/Ms*			
	Mr/Mrs/ Mdm/Ms*			

\*Delete where inapplicable

Organisation Name\*: \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_ Country: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Designation: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email : \_\_\_\_\_

Bank Draft No. \_\_\_\_\_ Bank: \_\_\_\_\_ Amount: S\$ \_\_\_\_\_

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

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Email: [reg2007@epilepsy.com.sg](mailto:reg2007@epilepsy.com.sg)

Fax: (65) 63344669

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Singapore 188425

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