

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

To register, please contact:

Ms Chen Bing / Ms Azian

Tel: 63344302

Fax: 63344669

Email: reg2007@epilepsy.com.sg

**Special Registration Fee S\$50.00
Per Pax (inclusive of materials /
refreshments / lunch / dinner)**

Sponsors



Organisers



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



Symposium For People With Epilepsy and their Carers

Registration Form - Singapore

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* | | | |
| | Mr/Mrs/ Mdm/Ms* | | | |
| | 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 : _____

_____ Postcode: _____

Contact Person: _____ Designation: _____

Tel: _____ Mobile: _____ Email : _____

Cheque 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: 63344669
 Post: Singapore Epilepsy Foundation
 149 Rochor Road
 #04-06 Fu Lu Shou Complex
 Singapore 188425
2. Payment methods: Cash or Cheque in Singapore dollars.
3. Cheque should be made payable to "PWE 2007".

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| <p>For Office Use Only</p> <p>a. Registration Form received on _____</p> <p>b. Payment record? Yes / No Cash/Cheque _____</p> <p>c. Information update on database _____</p> | <p>Updated by: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
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