

REGIONAL OPPORTUNITIES, **LOCAL EXPERTISE**



As the Singapore AEC markets consolidate around new norms of manpower, regulations and property prices, architects are seeing opportunities around the region for business, partnership, expertise and realising shared visions.

SIA Practice Convention 2016 will form panels of experts to discuss practice in the region, focusing on business opportunities and understanding local practices, partnerships that maximises expertise from different countries, shared visions on design and sustainability, new regional initiatives on new standards in contracts, BIM & regulations and new specialised roles of the architect. By casting our nets further, forming stronger bonds and leading in areas of expertise, SIA Practice Convention 2016 hopes to create a new vision for the next 50 years.

Full programme at [**www.practiceconvention.sg**](http://www.practiceconvention.sg)

ORGANISER



SPONSOR

GRAPHISOFT.
ARCHICAD

8 CPD POINTS
6 PDU POINTS

Fees are inclusive of 7% GST

SIA Members: SGD 150 *

Non-Members: SGD 300 *

Students: SGD 65

Group Discount: Purchase of every 5 passes, the 6th pass is FREE *

Purchase of every 10 passes, the 11th – 13th passes are FREE *

Purchase of every 20 passes, the 21st – 27th passes are FREE *

Registration Notes

- » * Group Discount is only valid for per registration submission (i.e. under one form). Not applicable for cumulative registration.
- » * Free registrations in the Group Package Promotions are valid for the lowest value registrations done under one registration form.
- » All registration will be on a First-Come-First-Served basis (limited seats available) and will be accepted only upon receipt of registration form and payment to SIA.
- » Fees paid are non-refundable under all circumstances. Replacement of participants will be allowed only if written notification is made at least 3 working days before the event (**11 April 2016**).
- » Where a Non-Member replaces a Member (must be from same organisation) the fee difference will have to be made good to SIA prior to the event.
- » There will be no refund in the case of a replacement of a Non-Member by a SIA Member.
- » Mail your cheque to SIA or make cash payment at SIA. All payments should be accompanied by a completed registration form for us to trace your registration.
- » Closing date for registration: **11 April 2016**
- » No handouts will be given during registration. The handout will only be available for download after the convention.
- » We seek your understanding that no refund will be made upon full payment received, or for “no show” participants.

Payment Options

By Cheque

Local Cheque should be crossed and made payable to “Singapore Institute of Architects”

Please indicate your name and company/institution (if any) on the back of the cheque.

By Cash

You can drop by the SIA office to make cash payment between 9:30 am – 5:30 pm on weekdays.

By Telegraphic Transfer

Please include additional \$25 for transaction fees.

Kindly transfer to:

The Development Bank of Singapore Ltd
6 Shenton Way, DBS Building
Singapore 068809

Bank Swift Code: DBS SSGSG

Telex: RS24455

Beneficiary: Singapore Institute of Architects

A/C: 009-015813-8

Please attach copy of bank advice with your application or forward a copy of Bank Advice of TT to Singapore Institute of Architects using fax or email (details below).

Enquiries & Contact

Please contact Ms Jacey Tay at

Tel: 6226 2668

Fax: 6226 2663

Email: cpd@sia.org.sg

REGISTRATION FORM

SIA PRACTICE CONVENTION **2016**

- i. * Please delete where inapplicable.
- ii. All fields are mandatory. Incomplete form will not be processed.
- iii. For group registrations, please fill in the attendees on the next page as well.
- iv. Please mail this registration form together with your payment (where applicable) to:

Singapore Institute of Architects

79B Neil Road, Singapore 088904

[EDU]

I. Contact Person (If Any):

NAME:

PHONE NO.:

FAX NO.:

EMAIL ADDRESS:

II. Delegate Details:

FULL NAME AS IN NRIC/FIN/PASSPORT (PLS UNDERLINE SURNAME) :

ORGANISATION:

EMAIL ADDRESS:

NRIC / FIN / PASSPORT #: *

MEMBER TYPE (TICK ✓): ☐ SIA ☐ BOA ☐ PE ☐ STUDENT ☐ N/A

MEMBER #:

RECEIPT MAILING ADDRESS:

STATE:

POSTAL CODE:

COUNTRY:

PHONE NO.:

MOBILE NO.:

FAX NO.:

II. Payment Options:

Please tick ✓ your payment mode: (Details on previous page)

☐ By Cheque – BANK/CHQ #: _____

☐ By Cash

☐ By Telegraphic Transfer: Receipt #: _____

Please include additional \$25 for transaction fees.

Please attach copy of bank advice with your application, or
forward a copy of bank advice of TT to:

Singapore Institute of Architects

Fax: +65 6226 2663 Email: cpd@sia.org.sg

Total number of delegates: _____

Total amount payable: SGD _____

IV. Group Registration

All fields are mandatory. Incomplete form will not be processed.














✦ Full Name as per NRIC/FIN/Passport (**Underline Surname**)

DELEGATE DETAILS:

FEES PAYABLE:

1	NAME ✦: DETAILS AS PER PREVIOUS PAGE OF REGISTRATION.	
2	NAME ✦: EMAIL ADDRESS: MEMBER TYPE (TICK ✓): <input type="checkbox"/> SIA <input type="checkbox"/> BOA <input type="checkbox"/> PE <input type="checkbox"/> STUDENT <input type="checkbox"/> N/A MEMBER #:	NRIC / FIN #:
3	NAME ✦: EMAIL ADDRESS: MEMBER TYPE (TICK ✓): <input type="checkbox"/> SIA <input type="checkbox"/> BOA <input type="checkbox"/> PE <input type="checkbox"/> STUDENT <input type="checkbox"/> N/A MEMBER #:	NRIC / FIN #:
4	NAME ✦: EMAIL ADDRESS: MEMBER TYPE (TICK ✓): <input type="checkbox"/> SIA <input type="checkbox"/> BOA <input type="checkbox"/> PE <input type="checkbox"/> STUDENT <input type="checkbox"/> N/A MEMBER #:	NRIC / FIN #:
5	NAME ✦: EMAIL ADDRESS: MEMBER TYPE (TICK ✓): <input type="checkbox"/> SIA <input type="checkbox"/> BOA <input type="checkbox"/> PE <input type="checkbox"/> STUDENT <input type="checkbox"/> N/A MEMBER #:	NRIC / FIN #:
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7	NAME ✦: EMAIL ADDRESS: MEMBER TYPE (TICK ✓): <input type="checkbox"/> SIA <input type="checkbox"/> BOA <input type="checkbox"/> PE <input type="checkbox"/> STUDENT <input type="checkbox"/> N/A MEMBER #:	NRIC / FIN #:









DELEGATE DETAILS:**FEES PAYABLE:**

8	NAME 	NRIC / FIN #:	
	EMAIL ADDRESS:		
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11	NAME 	NRIC / FIN #:	
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12	NAME 	NRIC / FIN #:	
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13	NAME 	NRIC / FIN #:	
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	MEMBER TYPE (TICK ): <input type="checkbox"/> SIA <input type="checkbox"/> BOA <input type="checkbox"/> PE <input type="checkbox"/> STUDENT <input type="checkbox"/> N/A MEMBER #:		
14	NAME 	NRIC / FIN #:	
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15	NAME 	NRIC / FIN #:	
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DELEGATE DETAILS:**FEES PAYABLE:**

16 NAME [†] :	NRIC / FIN #:	
EMAIL ADDRESS:		
MEMBER TYPE (TICK ✓): <input type="checkbox"/> SIA <input type="checkbox"/> BOA <input type="checkbox"/> PE <input type="checkbox"/> STUDENT <input type="checkbox"/> N/A		MEMBER #:
17 NAME [†] :	NRIC / FIN #:	
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MEMBER TYPE (TICK ✓): <input type="checkbox"/> SIA <input type="checkbox"/> BOA <input type="checkbox"/> PE <input type="checkbox"/> STUDENT <input type="checkbox"/> N/A		MEMBER #:
18 NAME [†] :	NRIC / FIN #:	
EMAIL ADDRESS:		
MEMBER TYPE (TICK ✓): <input type="checkbox"/> SIA <input type="checkbox"/> BOA <input type="checkbox"/> PE <input type="checkbox"/> STUDENT <input type="checkbox"/> N/A		MEMBER #:
19 NAME [†] :	NRIC / FIN #:	
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MEMBER TYPE (TICK ✓): <input type="checkbox"/> SIA <input type="checkbox"/> BOA <input type="checkbox"/> PE <input type="checkbox"/> STUDENT <input type="checkbox"/> N/A		MEMBER #:
20 NAME [†] :	NRIC / FIN #:	
EMAIL ADDRESS:		
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21 NAME [†] :	NRIC / FIN #:	
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22 NAME [†] :	NRIC / FIN #:	
EMAIL ADDRESS:		
MEMBER TYPE (TICK ✓): <input type="checkbox"/> SIA <input type="checkbox"/> BOA <input type="checkbox"/> PE <input type="checkbox"/> STUDENT <input type="checkbox"/> N/A		MEMBER #:
23 NAME [†] :	NRIC / FIN #:	
EMAIL ADDRESS:		
MEMBER TYPE (TICK ✓): <input type="checkbox"/> SIA <input type="checkbox"/> BOA <input type="checkbox"/> PE <input type="checkbox"/> STUDENT <input type="checkbox"/> N/A		MEMBER #:

DELEGATE DETAILS:**FEES PAYABLE:**

24	NAME 	NRIC / FIN #:	
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25	NAME 	NRIC / FIN #:	
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	MEMBER TYPE (TICK ): <input type="checkbox"/> SIA <input type="checkbox"/> BOA <input type="checkbox"/> PE <input type="checkbox"/> STUDENT <input type="checkbox"/> N/A MEMBER #:		
26	NAME 	NRIC / FIN #:	
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	MEMBER TYPE (TICK ): <input type="checkbox"/> SIA <input type="checkbox"/> BOA <input type="checkbox"/> PE <input type="checkbox"/> STUDENT <input type="checkbox"/> N/A MEMBER #:		
27	NAME 	NRIC / FIN #:	
	EMAIL ADDRESS:		
	MEMBER TYPE (TICK ): <input type="checkbox"/> SIA <input type="checkbox"/> BOA <input type="checkbox"/> PE <input type="checkbox"/> STUDENT <input type="checkbox"/> N/A MEMBER #:		