**Infocomm Media Executive Programme**

***Sharing the Singapore Experience***

4 – 8 September 2017

**APPLICATION FORM**

**Thank you for your interest in the Infocomm Media Executive Programme 2017.**

**The closing deadline is 5 August 2017, while closing deadline for early bird access is on 30 June 2017. Please apply early as seats are limited. Successful applicants will receive a confirmation letter with more details from IMDA no later than 14 August 2017.**

Notes:

1. Please type or write clearly in capital letters using black or blue ink.
2. The words “NIL” or “N/A” should be used where applicable.
3. All fields are mandatory. Please do not leave any space blank.
4. For fields marked with \*, please delete accordingly
5. Please email completed forms to [IR@imda.gov.sg](mailto:IR@imda.gov.sg) and copy [Angela\_Wibawa@imda.gov.sg](mailto:Angela_Wibawa@imda.gov.sg) and [Latifah\_MOHD\_ISMAIL\_from.TP@imda.gov.sg](mailto:Latifah_MOHD_ISMAIL_from.TP@imda.gov.sg).

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| --- | --- | --- | --- | --- | --- | --- |
| 1. **Applicant’s Particulars** | | | | | | |
| **Full Name (Mr./Ms./Mrs./Dr.\*)** | *First name (as in passport).* | | | *Last name (as in passport)* | | |
| **Date of Birth *(DD/MM/YY)*** |  | **Country of Birth** | | |  | |
| **Nationality** |  | | | | | |
| **Gender** | Male / Female\* | **Dietary Preference** | | | Halal / Vegetarian / None | |
| **Passport Number** |  | **Place of Issue** | | |  | |
| **Passport Issue Date *(DD/MM/YY)*** |  | **Passport Expiry Date *(DD/MM/YY)*** | | |  | |
| 1. **BUSINESS INFORMATION** | | | | | | |
| **Administration or Organization of (Country)** |  | | | | | |
| **Designation** |  | | | | | |
| **Business Address** |  | | | | | |
| **Mobile Number** | *(Country)- (Area Code and number)* | | **Fax Number** | | | *(Country)- (Area Code and number)* |
| **Email Address** | *Please ensure that you have entered your email address correctly as course information and updates will be sent to the email provided.*  I wish to receive email updates from IMDA | | | | | |
| 1. **EMERGENCY CONTACT** | | | | | | |
| **Name** |  | | | | | |
| **Relationship** |  | | | | | |
| **Address** |  | | | | | |
| **Mobile Number** | *(Country)- (Area Code and number)* | | **Email** | | |  |
| 1. **REGISTRATION FEES (Please choose one)** | | | | | | |
| **Early Bird Discount (On or before 30 Jun 2017)**  USD4,000 per person | | | **Registration Fee (1 Jul – 5 Aug 2017)**  USD4,300 per person | | | |

**Pre-Programme Questionnaire**

To assist us in meeting your learning objectives, please help us to complete the following questionnaire.

|  |  |
| --- | --- |
| No. **of Years at present administration or organisation** |  |
| **Brief Job Description** *Please indicate which are your primary and secondary responsibilities.* |  |
| **What are your key objectives in attending this programme?** |  |