

*SCIC Annual Dinner 2010 &
Responsible Care Awards 2009 Presentation*

Dear SCIC Member,

The Singapore Chemical Industry Council will be organising the SCIC Annual Dinner on 1 April 2010. We are pleased to inform you that Mr S.Iswaran, Senior Minister of State, Ministry of Trade and Industry and Ministry of Education, will grace the SCIC Annual Dinner 2010 as the Guest-of-Honour. This yearly event is an occasion for SCIC to express our appreciation to all our members as well as a good opportunity for members to network.

The Annual SCIC Responsible Care 2009 Awards Presentation will concurrently be held on this special occasion. Sponsored by LTH Logistics (Singapore) Pte Ltd, the awards will once again recognise the efforts of the Responsible Care signatory companies towards continual improvement of the Health, Safety and Environmental performances.

The cost per SCIC member for the dinner is **S\$65** (Nett) and the details are as follows:

Date: 1 April 2010 (Thursday)
Time: 7.00pm (Registration will start at 6.15 pm)
Venue: Pan Pacific Singapore
Pacific Ballroom
7 Raffles Boulevard, Marina Square
Singapore 039595

To facilitate the co-ordination of the event, kindly complete the enclosed registration form and return it by fax or email to the secretariat office at **6278 9326** / ericpng@scic.sg **before 12 March 2010**.

We look forward to your participation at the dinner.

Yours Sincerely,

Eric Png

Executive
Singapore Chemical Industry Council Limited
DID: 6278 9576



Attention: Eric Png (Fax: 6278 9326)
Executive

Registration Deadline: 12 March 2010

REGISTRATION FORM

**SCIC Annual Dinner 2010 &
Responsible Care Awards 2009 Presentation**
1 April 2010 (Thursday), 7.00 pm, Pan Pacific Singapore

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(A) Invoicing & Payment details

Fees (Nett)

S\$ 65.00 per participant for SCIC members
S\$ 110.00 per participant for Non SCIC members

Registration

| | |
|------------------------------|--|
| Invoice to be attn to | |
| Company | |
| Billing address | |
| Email | |
| Tel | |

Note: 1 table refers to 10 Chinese pax. Vegetarian requests will be charged as additional at \$65 per pax. Members who are registering for 1 table with Vegetarian meal requests may arrange for 10 Chinese participants and another 1 additional participant with special dietary request (i.e Vegetarian meal)

All Meals have No Pork & No Lard

Please tick the following (whichever applicable):

Registration by seats

- We confirm **seat(s)** and payment amount of S\$
We will require Chinese, Vegetarian meals.

Registration by tables

- We confirm **table(s)** of 10 Chinese pax at each table and payment amount of S\$
 We confirm **additional Vegetarian meal(s)** and payment amount of S\$

| | |
|----------------------|--|
| Other remarks | |
|----------------------|--|

An invoice will be mailed to you at the above mailing address within 7 working days upon receiving the registration form.

Please arrange for cheque payment to be made payable to:
“Singapore Chemical Industry Council Limited” and mail to

Singapore Chemical Industry Council Limited
 120 Lower Delta Road, #10-12
 Cendex Centre Singapore 169208
 Attention: Wennie Amedo

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(B) Participant’s details

Note: A confirmation email will be sent to the email address(es) provided upon receiving the registration form. Please ensure that the email address is clearly indicated.

Registration by Seats

Please send a confirmation email to:

- The contact person* -
- All the participants

| | | | |
|------------------------|--|-----------------------|--|
| *Contact person | | Designation | |
| Email | | Tel | |
| Special Diet | | Carpark coupon | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Details of additional participants:

| Name | Email | Carpark coupon (Yes/No) | Special Diet (if any) |
|--|--------------|---------------------------------|------------------------------|
| Will be provided once the participants are confirmed. | | | |
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Registration by Tables

Please send a confirmation email to:

- The contact person* -
- All the participants

| | | | |
|------------------------|--|-----------------------|--|
| *Contact person | | Designation | |
| Email | | Tel | |
| Special Diet | | Carpark coupon | <input type="checkbox"/> Yes <input type="checkbox"/> No |

