



**Friends**  
of the Museums  
Singapore

### FOM STUDY TOUR REGISTRATION FORM

*Please use this form for STUDY TOUR REGISTRATIONS only. One form per participant.*

Name of Study Tour: \_\_\_\_\_

Dates of Study Tour: \_\_\_\_\_

Your name EXACTLY as it appears on your passport:

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Nationality: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Passport Expiry Date (dd-mmm-yyyy): \_\_\_\_\_

Photocopy of front page of passport enclosed:  *Required*

FOM Membership Number: \_\_\_\_\_

Enclosed please find S\$\_\_\_\_\_ as my deposit.

Payment is made by:

Bank cheque (please make payable to FOM) Bank Name \_\_\_\_\_ Check # \_\_\_\_\_

Cross cheque in the upper left hand corner; cross out the words "or bearer".

Debit my credit card: Visa  MasterCard  Expiry date: (mm/yy): \_\_\_\_/\_\_\_\_

Card# \_\_\_\_\_ Signature: \_\_\_\_\_

For office use only:

APPROVAL CODE: \_\_\_\_\_ PROCESSED DATE: \_\_\_\_\_ BY: \_\_\_\_\_

Your email address: \_\_\_\_\_

Your mailing address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_



#### TRAVEL INSURANCE INFORMATION:

Please note that FOM takes out a comprehensive group insurance policy for all members of a study tour. This insurance, which is mandatory (even if you have a separate travel insurance policy), is designed to cover events that may adversely affect you and/or the group during the study tour itself. Coverage is included in the cost of a study tour. **Please note** that cancellation coverage due to death or serious injury/sickness of the Insured or an immediate family member, first comes into effect 30 days prior to departure. If you would like additional pre-departure cancellation coverage, please consider a supplemental travel insurance policy. By signing below, I note that I have read the above travel insurance information:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail this form to: FOM Study Tours (Name of Tour), 61 Stamford Road, #02-06 Stamford Court, Singapore 178892.