Registration

For registration, please complete the form and return with a cheque of appropriate fee payable to "The Chinese University of Hong Kong" to

Ms Priscilla Chu / Ms Grace Ko
AIM 2009
Department of Medicine & Therapeutics
9/F, Clinical Sciences Building
Prince of Wales Hospital, Shatin, N.T., Hong Kong
Tel: (852) 2632 3593 / 2632 3125
Fax: (852) 2637 3852
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Website: http://www.mect.cuhk.edu.hk/AIM2009/

Important Notes

1. Registration forms received without registration fees will not be processed.

2. Cancellation Policy
   All cancellation must be made in writing to the Conference Secretariat.
   Refunds will be made after the Conference. 50% refund if written confirmation is received on or before April 22, 2009. No refund will be made thereafter.

3. Payment Method
   HK Dollars cheque made payable to "The Chinese University of Hong Kong". No Visa / Master Card payment is acceptable.

4. Participants Entitlements
   Full Registration – Attend all conference sessions, trade exhibition, coffee breaks, conference bag, program book and certificate of attendance for sessions scheduled for May 23-24, 2009.
   Day Registration – Attend conference sessions of the registered day, trade exhibition, coffee break(s) of the registered day, conference bag, program book and certificate of attendance of the registered day.

Registration Form

Personal Information

Please type or print in block letters and ✓ where appropriate

Title _____ ( ) Prof ( ) Dr ( ) Mr ( ) Mrs ( ) Ms

Surname _____ Given Name _____

Position _____

Department _____

Institution _____

Mailing Address _____

_____

Tel _____ Fax _____ Email _____

Registration Fee

	On or before April 10, 2009	After April 10, 2009	Amount
Full Registration May 23, 2009 ( ) Medical Practitioners ( ) Para-medics/Trainees	 HK$500 HK$300	 HK$1000 HK$600	
Day Registration ( ) May 23, 09 ( ) May 24, 09 ( ) Medical Practitioners ( ) Para-medics/Trainees	 HK$300 per day HK$200 per day	 HK$600 per day HK$400 per day	
Meals Registration ( ) Welcome Lunch on May 23, 2009 (12:15-1:15pm) First come first served basis, limited to the first 400 registered delegates	 Waived	 Waived	
( ) Conference Lunch on May 24, 2009 (12:00-12:45pm)	HK$100	HK$100	
*Please tick the appropriate box to indicate your choice.		**Total**	

To be filled out by supervisor of Medical Trainee/Para-medic Participant

Training/Para-medical Organization _____ Official Chop

Address (if different from the above) _____

Name of Supervisor _____ Position _____

Signature _____ Date _____

Payment Declaration

I enclose a cheque (cheque no.:) of HK$ payable to "The Chinese University of Hong Kong".

Signature _____ Date _____