The 2nd Congress of International Society for Hemodialysis 2009 (ISHD 2009)

REGISTRATION FORM

Please complete the form below and return it with the appropriate payment to **ISHD 2009 Congress Secretariat**, **c/o International Conference Consultants Ltd, Unit 301, The Centre Mark, 287-299 Queen's Road Central, Hong Kong.**
Tel: (852) 2559 9973 **Fax:** (852) 2547 9528 **Email:** reg@ishd2009.org

You are highly recommended to register online at http://www.ishd2009.org

Please read the registration information before registering.

PERSONAL INFORMATION

(Please type or print in block letters and ✓ where appropriate)

Title: ☐ Prof. ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Others, please specify: _____

Last Name: _____ First Name: _____

Position: _____

Organisation: _____

Address: _____

City: _____ State: _____ Postal code: _____ Country: _____

Tel: _____ Fax: _____ Email: _____

Special Meal Requested: ☐ Vegetarian ☐ Pork-free ☐ Beef-free ☐ Others, please specify: _____

Accompanying Person(s):

☐ Mr. ☐ Mrs. ☐ Ms.

Last Name: _____ First Name: _____

Special Meal Requested: ☐ Vegetarian ☐ Pork-free ☐ Beef-free ☐ Others, please specify: _____

☐ Mr. ☐ Mrs. ☐ Ms.

Last Name: _____ First Name: _____

Special Meal Requested: ☐ Vegetarian ☐ Pork-free ☐ Beef-free ☐ Others, please specify: _____

(A) REGISTRATION FEE

Category	Early Bird (On or before 30 Jun 2009)	Regular (After 30 Jun 2009)	Amount
Overseas Registration			
ISHD member (MD)	☐ HK$3,120 (US$400)	☐ HK$3,510 (US$450)	HK$
Non ISHD member (MD)	☐ HK$3,510 (US$450)	☐ HK$3,900 (US$500)	HK$
Nurse, Trainees & Paramedical	☐ HK$2,000 (US$260)	☐ HK$2,500 (US$330)	HK$
Accompanying Person	☐ HK$1,000 (US$120)		HK$
Local Registration			
MD	☐ HK$1,800		HK$
Nurse, Trainees & Paramedical	☐ HK$1,000		HK$
Day Registration	☐ 29-Aug (Sat) ☐ 30-Aug (Sun) HK$800 per day		HK$
		Total (A) HK$	

Last Name: _____ First Name: _____

(B) PRE-CONGRESS COURSE

*Limited to full delegates & day participants only

Date	Courses	Registration Fee	Amount
28 Aug 2008	Pre-Congress HD & CRRT Course	HK$390 (US$50)	HK$
		Total (B) HK$	

(C) OPTIONAL TOURS & MAINLAND TOURS

Tour	Date and Time	Tour Price Per Person		No. of Person(s)	Amount
T1a: Hong Kong Island Tour	28 Aug (Fri) 0900 – 1300	HK$290 (US$38)	x	[ ]	
T1b: Hong Kong Island Tour	29 Aug (Sat) 0900 – 1300	HK$290 (US$38)	x	[ ]	
T2: Lantau Island Tour with Vegetarian Lunch	29 Aug (Fri) 0800 – 1630	HK$650 (US$85)	x	[ ]	
T3: New Territories Tour	30 Aug (Sun) 0900 – 1300	HK$310 (US$40)	x	[ ]	
T4: Kowloon Experience Tour	30 Aug (Sun) 1400 – 1800	HK$310 (US$40)	x	[ ]	
T5: Macau Excursion	31 Aug (Mon) 0800 – 1800	HK$830 (US$108)	x	[ ]	
CT1: Beijing Tour (4 Days / 3 Nights)	31 Aug – 3 Sep 2009	Single: HK$12,180 (US$1,582)	x	[ ]	
		Twin: HK$9,350 (US$1,215)	x	[ ]	
CT2: Shanghai Tour (4 Days / 3 Nights)	31 Aug – 3 Sep 2009	Single: HK$10,820 (US$1,405)	x	[ ]	
		Twin:HK$7,980 (US$1,037)	x	[ ]	
CT3: Beijing & Xian Tour (6 Days / 5 Nights)	31 Aug – 5 Sep 2009	Single:HK$16,065 (US$2,087)	x	[ ]	
		Twin: HK$12,390 (US$1,609)	x	[ ]	
				Total (C) HK$	

(D) LETTER OF INVITATION

On request, the ISHD 2009 Congress Secretariat will send a letter of invitation to attend the Congress. Such an invitation is extended specifically to assist participants to obtain travel refunds, appropriate visas, approvals, sponsorship or leave. It does not imply a commitment on the part of the Congress Organizer to provide any support, financial or otherwise.

☐ Please send me a letter of invitation to the address provided on this registration form.

PAYMENT DECLARATION

I would like to settle the payment of **HK$ / US$** _____ **(A+B+C) by**

☐ **Cheque / Bank Draft payable to "ISHD 2009"**

☐ **Bank transfer to Standard Chartered Bank,** 15 Queen's Road Central, Hong Kong. Account Name: ISHD 2009, Account Number: 003-447-004-5213-6 SWIFT Code: SCBLHKHHXXX. Reference: Name of delegate or invoice no.

A copy of the receipt of the bank remittance should be attached to the Registration Form. All bank charges for remittance must be borne by the remitter.

☐ **Credit Card** ☐ **Visa** ☐ **MasterCard** *(in Hong Kong dollars only)*

I hereby authorize International Conference Consultants Limited (ICC Ltd.) to debit my account for the above-mentioned amount.

Card Number: _____-_____-_____-_____ Expiry Date (MM/YY): _____-_____

Name of Cardholder: _____

Signature: _____ Date: _____

I hereby agree to be bound by the rules and regulations of the Congress.

Notes:

1. Registrations are subject to acceptance on a "first-come-first-served" basis.
2. Registration forms received without payment will not be processed. Please do not send cash.
3. Each registrant should complete a separate registration form. A photocopy of the registration form is acceptable.
4. Written confirmation will be sent upon receipt of your registration form and full payment. If this confirmation has not been received within two weeks, please contact the Registration Department (reg@ishd2009.org)
5. The Congress Programme is subject to change without prior notice. In the unlikely event of cancellation of the Congress, the only liability of the Congress Organizers is to refund all the fees paid.
6. All enquiries, changes and cancellations should be made in writing to the Congress Secretariat.
7. A replacement or transfer is allowed provided the replacement is from the same organization and upon receipt of a written request from the person to be replaced before **28 July 2009**.
8. The Pre-Congress courses are subject to sufficient interest to operate. Pre-registration and pre-payment are required.

Last Name: _____ First Name: _____

(E) HOTEL RESERVATION

☐ No hotel reservation required. ☐ I will book my own room. I will be staying at _____ Hotel.

☐ Please book a room for me. *(Please indicate your choices (1, 2 & 3) in appropriate box.)*

Preference (1,2 & 3)	Hotel	Room Type	Room Rate Per Night
	H1. Grand Hyatt Hong Kong	Grand Room	☐HK$2,700 (US$350)
		Grand Harbour View Room	☐HK$3,200 (US$416)
	H2. Renaissance Harbour View Hotel	Superior Garden View Room	☐HK$1,800 (US$253)
		Superior Harbour View Room	☐HK$2,200 (US$300)
	H3. Novotel Century Hong Kong	Standard Room	☐HK$1,350 (US$175)
		Deluxe Room	☐HK$1,650 (US$215)
	H4. The Empire Hotel Hong Kong	Superior Room	☐HK$850 (US$110)
	H5. The Harbourview	Premier Room	☐HK$900 (US$117)
		Premier Harbour View Room	☐HK$1,100 (US$143)
	H6. The Wesley Hotel	Standard Room	☐HK$750 (US$98)

Date of check-in: _____ Date of check-out: _____

Arrival Flight & Time: _____ Departure Flight & Time: _____

☐ Single ☐ Double ☐ Twin I will be sharing with _____

Special Requests: ☐ Smoking Room ☐ Non-Smoking Room

Others, please specify _____

Notes:

1. To guarantee the special discount rates, reservations must be made through International Conference Consultants Limited (ICC).
2. All the room rates apply to single or double occupancy, unless otherwise specified.
3. The above rates are subject to 10% service charge. Breakfast is not included in the room rates but can be arranged at additional cost.
4. Hotel reservations will be taken on a "first-come, first-served" basis. Credit card details are required by hotel to secure your booking.
5. The special room rates quoted are only valid for reservations made through ICC on or before 20 July 2009. ICC has an obligation to return all unsold rooms to the hotels after 20 July 2009. Therefore room availability and special rates for reservations made after that date cannot be guaranteed.
6. The above hotel rates are only valid during the congress period for delegates attending ISHD 2009. All bookings for days outside the congress period will be subject to availability.
7. All enquiries, changes or cancellation of room reservations should be addressed to ICC and NOT directly to the hotel.
8. **Cancellation:**
   Reservation at H1 Grand Hyatt Hong Kong
   Full room charge will be charged by the hotel if you cancel your booking or room nights after **27 July 2009**. In the event of no-show, hotel reservation will be released automatically and full payment will be charged.
   Reservation at other hotels
   One-night room charge will be charged by the hotel if you cancel your booking after **27 July 2009**. In the event of no-show, hotel reservation will be released automatically and one-night room charge will be charged.

TO GUARANTEE HOTEL RESERVATION

I hereby agree to be bound by the above rules and regulations and would like to guarantee my hotel reservation by

☐ Visa ☐ MasterCard ☐ American Express

Card Number: _____-_____-_____-_____ Expiry Date (MM/YY): _____-_____

Name of Cardholder: _____

Signature: _____ Date: _____

(If you would like to settle hotel deposit by other payment methods, please contact the Congress Secretariat for details.)