REGISTRATION FORM

Infectious Disease Conference 2011, Hong Kong

Co-organised by
Hospital Authority Infectious Disease Centre, Hong Kong
Department of Medicine & Geriatrics, Princess Margaret Hospital and
The Hong Kong Society for Infectious Diseases

24 - 25 June 2011
Venue: 7/F, Block H, Princess Margaret Hospital, Hong Kong

Infectious diseases in a world of immunocompromised state

Deadline: 28 May 2011

Please complete the following in BLOCK letters and tick "✓" box as appropriate (*Mandatory fields)

Title: Prof ☐ Dr ☐ Mr ☐ Ms ☐ Mrs ☐

*Surname: _____ *Given Name(s): _____

*Profession: Doctor ☐ Nurse ☐ Allied Health ☐ Others ☐

*Hospital/Others: _____

Post: _____ e-LC ID No: _____

*Specialty: _____ *(For HA staff only)*

*Contact Address: _____

_____

*Contact Telephone: _____ Fax: _____

*E-mail: _____

***Date(s):**
24 June (Fri) ☐
25 June (Sat) ☐

***Registration Fee:**
No Charge ☐ HA/DH Staff
HK$500 per day ☐ Non-HA/DH Delegate ☐ Receipt required ☐

Payment *(Non-HA/DH Delegates ONLY)*
I enclose a **cheque** (chq. no. _____) for HK$500 / HK$1,000 *(*Please delete as appropriate)*
payable to "Hospital Authority" as registration fee.
*(Please note that payment can only be made by cheque and is **non-refundable**)*

Please return completed form with cheque payment by post to:
Hospital Authority Infectious Disease Centre
Infectious Disease Conference 2011 Organising Committee (Secretariat)
Room S0312, 3/F, Block S, Princess Margaret Hospital
2-10 Princess Margaret Hospital Road, Lai Chi Kok, Kowloon, Hong Kong

Signature:_____ Date: _____

Hotline: (852) 2990 2872 ; Fax: (852) 2990 2875
*Email haidctraining@pmh.ha.org.hk **(Intranet)** / haidctraining@ha.org.hk **(Internet)***

Registration #: (For official use only) *(Version: 29 March 2011)*