Infectious Disease Centre

Reg #: *(for official use only)*

Registration Form

INFECTIOUS DISEASE CONFERENCE 2010
HONG KONG

25 - 27 JUNE 2010

To : HAIDC @ PMH
(Attn: Ms K L Yeung)

Fax : (852) 2990 2875

(Please complete the following in BLOCK letters and tick "✓" appropriate box if applicable)

Title: Prof ☐ Dr ☐ Mr ☐ Ms ☐

Family Name: _____ Given Name: _____

Profession: Doctor ☐ Nurse ☐ Allied Health ☐ Others ☐

HA ☐ non-HA ☐

Hospital: _____

Others: _____

Post: _____ Specialty: _____

e-LC ID No: _____ Date: _____

(For HA colleagues with e-LC ID No.) *(dd/mm/yy)*

Contact Address: _____

Tel No: _____ Fax: _____

E-mail: _____

All registrations will be automatically confirmed unless you hear otherwise from HAIDC.
For enquiries, please call Dr Owen Tsang at (852) 2990 2872 or email HAIDC Training (Intranet) / idc_conference_2010@hotmail.com (Internet)

(Version: 30 April 2010)