Annual Scientific Meeting 2009

Hong Kong Society of Critical Care Medicine & Hong Kong Association of Critical Care Nurses

17-18 October 2009 • Hospital Authority Building, 147B Argyle Street, Kowloon, Hong Kong

Registration Form

Personal Particulars

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

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

Last Name: _____ First Name: _____

Position: _____

Organization: _____

Address: _____

Country: _____ Postal Code: _____

Tel: _____ Email: _____

Registration Fee

Registration Category		Early Bird (On or before 14 Aug 2009)	Regular (After 14 Aug 2009)	Onsite (18 Oct 2009)	Amount
Conference (18 Oct 2009)	☐ HKSCCM Member ☐ HKACCN Member	HK$150	HK$200	HK$250	
	☐ Non-member (HKSCCM or HKACCN)	HK$350	HK$400	HK$450	
Concurrent Pre-conference workshops (Afternoon, 17 Oct 2009) *limited to conference delegates only*	☐ Ultrasound Workshop *Capacity: 40 delegates*	HK$200		——	
	☐ Critical Thinking & Crisis Management (for airways & ventilation)	HK$100		——	
				Total	

HKSCCM membership fee: Medical - HK$200, Nursing/Associate/Affiliated - HK$100.
HKACCN membership fee: Life Member – HK$1,000, Full Member / Associate Member – HK$100
Membership forms can be downloaded from HKSCCM and HKACCN websites www.hksccm.org and www.Medicine.org.hk/hkaccn respectively.

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. *Written confirmation will be sent upon receipt of your registration form and full payment.*
4. *Onsite registration is not encouraged Conference materials may not be provided to on-site registrants if the conference is over-subscribed.*
5. *In the unlikely event of cancellation of the Conference, the only liability of the Meeting Organizers is to refund all the fees paid.*

Payment Declaration

I agree to the rules and regulations of the Conference and would like to settle the registration fee of HK$ _____ by

☐ **Cheque / Bank Draft** made payable to "**International Conference Consultants Limited**" and sent together with this Registration Form.

☐ **Credit Card** ☐ Visa ☐ MasterCard

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

Name of Cardholder: _____

Signature: _____ Date: _____

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

Please complete this form above and return it with the appropriate payment to the Conference Secretariat

c/o International Conference Consultants Limited
Address: Unit 301, The Centre Mark, 287-299 Queen's Road Central, Hong Kong
Tel: + (852) 2559 9973 Fax: + (852) 2547 9528 Email: ccm-ccn@icc.com.hk
Websites: www.hksccm.org / www.Medicine.org.hk/hkaccn