

Organized by:

Sponsored by:



The Hong Kong Pain Society Scientific Meeting

Please complete and return the registration form to:

HKPS Scientific Meeting

c/o TT Healthcare

1103, 11/F, Eton Tower, 8 Hysan Avenue, Causeway Bay, Hong Kong

Tel: (852) 3428 2214

Fax: (852) 3428 5563

Email: heidi@tthealthcare.com

Part I: PERSONAL INFORMATION

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

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

Family Name: _____ First Name: _____

Position & Department: _____

Institution: _____

Address: _____

Tel: _____ Fax: _____ Email: _____

Part II REGISTRATION

Please respond by ✓ the appropriate box below:

I would like to attend lecture & dinner

I would like to attend lecture only

Part III MEMBER DECLARATION

I am a member of HKPS member

I am NOT a member of HKPS

Signature: _____ Date: _____

1. Charge: Free

2. Each registrant should complete a separate registration form. Photocopy of the registration form is acceptable.

3. Secretariat will send a letter of confirmation by email upon receipt of your registration form. Any changes or alterations must be made in writing to the Secretariat

4. The programme is subject to change without prior notice. In the event of cancellation of the meeting, there is not liability of the Organizers.