

**The Hong Kong Pain Society**  
**Annual Scientific Meeting 2015**

17 - 18 October 2015 ▪ Sheraton Hong Kong Hotel and Towers, 20 Nathan Road, TST, Kowloon

**REGISTRATION FORM**

Please MAIL the completed form with full cheque payment to:

HKPS-ASM 2015 Meeting Secretariat (Attn: The Hong Kong Pain Society)

Department of Anaesthesiology and Operating Theatre Services

Queen Elizabeth Hospital, 1/F, Block D, 30 Gascoigne Road, Kowloon, Hong Kong.

For enquiry only: Tel: (852) 3929-4605 (Ms. Wendy HUI) E-mail: [painsec@hkpainsociety.org](mailto:painsec@hkpainsociety.org)

Website: <http://www.hkpainsociety.org>

**(A) PERSONAL INFORMATION**

**\*Mandatory fields. Please type or print in block letters and ✓ where appropriate.**

Please delete as appropriate: Prof. / Dr. / Mr. / Ms. / Mrs.

\*Name of Applicant: (Surname) \_\_\_\_\_ (First name) \_\_\_\_\_

\*Position: \_\_\_\_\_ \*Department: \_\_\_\_\_

\*Specialty: \_\_\_\_\_ \*Hospital/ Institution: \_\_\_\_\_

\*Correspondence Address: \_\_\_\_\_

\*Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

(Please ensure the email address is valid as most of the messages will be sent via this email address)

**(B) REGISTRATION FEES (Please ✓ where appropriate)**

	HKPS Member <sup>1</sup> (in HKD)	Non-Member <sup>2</sup> (in HKD)
Day 1 (17 October): Pain Summit	<input type="checkbox"/> \$150	<input type="checkbox"/> \$450
Day 2: (18 October AM): Psychology Workshop <sup>#</sup>	<input type="checkbox"/> \$100	<input type="checkbox"/> \$400
Day 2: (18 October PM): Bowen Therapy Workshop <sup>#</sup>	<input type="checkbox"/> \$100	<input type="checkbox"/> \$400
Total		

<sup>#</sup> Each workshop has capacity of 50 only.

**Registration will be on first come first served basis upon receipt of mailed registration form and full cheque payment.**

- Members of the Hong Kong Pain Society: who have paid up the membership fee for the year of 2015 before 1 July 2015.
- For Non-members: After paying the non-member registration fee, the membership fee of HKPS can be waived if they submit the membership application together with this registration form. Please download the membership form from [www.hkpainsociety.org/memberships](http://www.hkpainsociety.org/memberships).

Please indicate your attendance at the following functions (Please ✓ where appropriate)

<input type="checkbox"/> Lunch (17 Oct)	<input type="checkbox"/> Lunch (18 Oct)
---	---

**(C) PAYMENT DECLARATION**

I hereby agree to abide by the rules and regulations of the meeting and would like to settle the payment of HK\$\_\_\_\_\_ by Cheque (#\_\_\_\_\_) made payable to "The Hong Kong Pain Society Limited".

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application Procedures and Regulations:**

- Each registrant should complete a separate registration form.
- ONLY accept MAILED registration form with FULL cheque payment** to HKPS-ASM 2015 Meeting Secretariat (Attn: The Hong Kong Pain Society), Department of Anaesthesiology & OTS, Queen Elizabeth Hospital, 1/F, Block D, 30 Gascoigne Road, Kowloon, Hong Kong.
- Secretariat will send a letter of confirmation by email upon receipt of your registration form and full payment.
- Fees are not refundable, except in the event of a course being oversubscribed or cancelled.
- The organizer reserves the right to amend the programme without prior notice. In the event of cancellation of the course, the only liability of the organizer is to refund all the fees paid.
- Photography with flash and audio/video recording are prohibited during the meeting.
- Deadlines for application: 8 October 2015**