

**International Regional Anaesthesia and Multidisciplinary Musculoskeletal Ultrasound
Congress on Pain Management (MSK US PM) 2016
28 - 30 April 2016 • Bangkok, Thailand**

REGISTRATION FORM

Please complete the form below and return it with appropriate payment to the Congress Secretariat:

MIMS (Hong Kong) Limited
27/F., OTB Building, 160 Gloucester Road
Wanchai, Hong Kong
Tel: (852) 2155 8557 Fax: (852) 2559 6910 Email: meeting.hk@mims.com

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

Title: Professor Dr. Mr. Ms.

First name: _____ Last name: _____

Job title: _____ Specialty: _____

Department / Hospital: _____

Organization: _____

Address: _____

Country: _____

Tel: () _____ Mobile: () _____ Fax: () _____ E-mail: _____

Special meal request: Vegetarian Halal Food Others, please specify: _____

A) CONGRESS REGISTRATION				
Registration Category	Member* HKSMMP / Thai SRA / TASP / HKPS		Non-member	
	Early Bird (15 Mar 2016)	Normal	Early Bird (15 Mar 2016)	Normal
Early Bird Package (28 – 30 Apr) (Cadaveric Workshop included)	<input type="checkbox"/> US\$1,000	<input type="checkbox"/> US\$1,600	<input type="checkbox"/> US\$1,300	<input type="checkbox"/> US\$1,800
Congress Registration (29 – 30 Apr)	<input type="checkbox"/> US\$700	<input type="checkbox"/> US\$900	<input type="checkbox"/> US\$950	<input type="checkbox"/> US\$1,250

B) WORKSHOPS

Pre-congress Cadaveric Sonoanatomy Workshops on 28 Apr (Thu) *(For delegates of EARLY BIRD package registration ONLY)*
(Choose **TWO** stations from A1 – A8 and **TWO** stations from B1 – B8, 1 hour for each station. Limited to 6 participants each station.)

Regional Anesthesia (RA)	Musculoskeletal Ultrasound & Pain Management (MSK US PM)
<input type="checkbox"/> A1: Brachial Plexus Block (Interscalene, Supraclavicular, Axillary, Suprascapular Nerve Block)	<input type="checkbox"/> A5: Upper Limb MSK (I) – Shoulder & Related Nerves
<input type="checkbox"/> A2: Brachial Plexus Block (Infraclavicular, Axillary Brachial Plexus Block)	<input type="checkbox"/> A6: Upper Limb MSK (II) – Elbow / Wrist / Fingers & Related Nerves
<input type="checkbox"/> A3: Lumbar Plexus Block, Quadratus Lumborum Block	<input type="checkbox"/> A7: Lower Limb MSK (I) – Gluteal / Hip / Pudendal
<input type="checkbox"/> A4: Sacral Plexus Block (Transgluteal, Subgluteal, Popliteal)	<input type="checkbox"/> A8: Lower Limb MSK (II) – Knee / Foot / Ankle and Related Nerves
<input type="checkbox"/> B1: Thoracic Paravertebral Nerve Block, Intercostal Nerve Block	<input type="checkbox"/> B5: Cadaveric Dissection: Upper Limb – Shoulder Elbow / Wrist / Hand
<input type="checkbox"/> B2: TAP, Ilioinguinal, Iliohypogastric, Femoral, Adductor Canal Block, Obturator Nerve Block	<input type="checkbox"/> B6: Ultrasound Pain Management (I): Greater Occipital Nerves, Third Occipital Nerves, Cervical Facets
<input type="checkbox"/> B3: Spine Sonography for Central Neuraxial Block	<input type="checkbox"/> B7: Ultrasound Pain Management (II): Lumbar Facets / Nerves Roots / Sacroiliac Joint Pain
<input type="checkbox"/> B4: Nerve Blocks for Head & Neck Surgery	<input type="checkbox"/> B8: Cadaveric Dissection: Lower Limb - Hip / Knee / Foot and Ankle

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B) WORKSHOPS

Regional Anesthesia Ultrasound Basic Workshop (C) at 15:30-17:00 on 29 Apr (Fri) (Limited to 8 participants for Workshop C.)	<input type="checkbox"/> US\$100
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<input type="checkbox"/> Upper Limb: Interscalene Block, Infraclavicular Block, Axillary Block and Lower Limb: Psoas Compartment Block Sciatic Transgluteal Adductor Canal Block
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Hands-on Musculoskeletal Ultrasound Workshop (D) at 10:30-12:00 on 30 Apr (Sat) (Choose TWO stations from D1 – D4. Limited to 6 participants each station.)	<input type="checkbox"/> US\$100
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<input type="checkbox"/> D1: Ultrasound Pain Management (I): Greater Occipital Nerves, Third Occipital Nerves, Cervical Facets
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<input type="checkbox"/> D2: Upper Limb MSK – Shoulder / Elbow / Wrist / Fingers & Related Nerves

<input type="checkbox"/> D3: Ultrasound Pain Management (II): Lumbar Facets / Nerves Roots / Sacroiliac Joint Pain
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<input type="checkbox"/> D4: Lower Limb MSK Gluteal MSK – Hip / Pudendal Nerves / Sacral / Knee / Foot / Ankle and Related Nerves

Hands-on Regional Anesthesia Ultrasound Workshop (E) at 15:30-17:00 on 30 Apr (Sat) (Choose either Truncal Blocks (E1) or Cardiac Sonography and Lung (E2) . Limited to 5 participants each station.)	<input type="checkbox"/> US\$100
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<input type="checkbox"/> E1: Thoracic PVB and other Thoracic Blocks and TAP, Quadratus Lumborum Block, Ilioinguinal, Iliohypogastric Nerve Block
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<input type="checkbox"/> E2: Cardiac Sonography and Intravascular Volume and Lung Sonography
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C) SOCIAL EVENT on 28 Apr (Thu)

Gala Dinner	Delegate Registered with Early Bird Package	Registered Delegate	Accompanying Person(s)
	<input type="checkbox"/> Included	<input type="checkbox"/> US\$70	US\$100 x <input type="checkbox"/> Accompanying Person(s)

* Member: Hong Kong Society of Musculoskeletal Pain (HKSPM), Thai Society of Regional Anaesthesia (Thai SRA), Thai Association for the Study of Pain (TSAP) and The Hong Kong Pain Society (HKPS) can enjoy the member rates.

REMARKS

1. Registration fee included coffee breaks, lunch and lecture materials on the registered days.
2. Each registrant should complete a separate registration form.
3. Registration form without payment will NOT be processed. Please do NOT send cash.
4. Congress Secretariat will send a letter of confirmation upon receipt of your registration form and full payment. Kindly check the letter of confirmation. Any changes or alterations must be made in writing to the Congress Secretariat.
5. On-site registration is not encouraged. Meeting materials may not be provided to on-site registrants if the meeting is over-subscribed.
6. All cancellations must be made in writing to the Congress Secretariat and the refund will be made after the meeting subject to the following deadline:

On or before 31 March 2016:	50% of the registration fee
After 31 March 2016:	No refund
7. The programme is subject to change without prior notice. In the event of cancellation of the meeting, the only liability of the Organizers is to refund all the fees paid.
8. All personal information collected will solely use for registration and communication purpose.

PAYMENT

I am interested to join the Congress, please find enclosed a cheque / bank draft in the amount US\$ _____ as the registration fee and dinner fee for _____ ticket(s).

Payment must be made payable to **“MIMS (Hong Kong) Limited”**.

Name of the Banker: _____ Cheque / Bank Draft Number: _____

Signature: _____ Date: _____