

Symposium On Interventional Radiofrequency Therapy For Back Pain

5th - 6th Jun 2010, Union Hospital Hong Kong

REGISTRATION FORM



Personal Details:

Title: Professor Dr. Mr. Ms.

First name: _____ Last name: _____

Department: _____ Specialty: _____

Hospital/Organization: _____

Address: _____

Tel: _____ Fax: _____

E-mail: _____

Registration: (Please ✓ your choice)

Category	HKPS* Member & Neurosurgery Spine Interest Group* Member	Non-member (Hong Kong) & Overseas Visitor
Symposium day 1	HKD200	HKD500
phantom workshop	HKD1500	HKD2000

Total: _____ + HKD _____ = HKD _____

Symposium Workshop Total

- * HKPS - Hong Kong Pain Society
- * Neurosurgery Spine Interest Group - The Hong Kong Neurosurgery Spine Interest Group
- * The price for local audience will include the membership fee for 2010.
- * Registration fee includes breakfast, lunch, refreshment breaks, lecture materials and phantom laboratory. The entire lecture fee is due upon registration. **The Phantom Workshop is limited to 25 physicians.** Therefore, to reserve your space, the tuition fee must be paid **on/before 24th May 2010.**
- * All registration fees are NON-refundable.

Registration Procedure

(Please return the completed form and send with appropriate payment to following address, Attn: Ms. Emily Chung)

Tel: (852) 2781 0905, (852) 3583 2083 Fax: (852) 2781 0906

E-mail: joinhandstech@gmail.com / emilyletter@hotmail.com

Mail: Joinhands Tech Ltd. Unit 11, 22/F., Technology Park, 18 On Lai Street, Shatin, N.T., Hong Kong

Cheque payment: Cheque must be made payable to " The Hong Kong Pain Society Limited".

Remittance Information: Bank Name: Citibank (Hong Kong) Limited.
Payee: The Hong Kong Pain Society Limited
Account No. 13000241
Swift Code: CITIHKAX

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