

# Registration Form



Please complete in **BLOCK** letters and return **by Fax (852-29903483)** or **scan and e-mail** to Course Co-ordinator: **ywt832@ha.org.hk**

## PERSONAL PARTICULARS

Title (☑) :     Prof.             Dr.             Mr.             Mrs.             Ms.

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Chinese Name (中文姓名): \_\_\_\_\_

Occupation:     Doctor     Paediatric trainee     Nurse     Others: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Country \_\_\_\_\_

Department: \_\_\_\_\_

Hospital / Institution: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

## REGISTRATION FEE

**HKD \$1,000** [register on/after 1<sup>st</sup> October 2015 and on-site: HKD \$1,200]

*\* Please register before 1<sup>st</sup> October 2015.*

*All registration will be confirmed before 15<sup>th</sup> October 2015 by e-mail.*

## PAYMENT

Payment will be collected on-site.

An official receipt will be issued on-site upon received payment.

*For any query, please e-mail:*

***Dr. Pak-Chiu TONG, Course Co-ordinator  
Paediatric Kidney Transplantation Course 2015  
ywt832@ha.org.hk***

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