



**Hong Kong Convention and Exhibition Centre
 Level 2 (N101B)**

5-6 December 2009

REGISTRATION FORM

Title:- Prof Dr Mr Ms

Name: _____ |OR| Name Card

Institution: _____

Address: _____

Telephone: _____ |Fax: _____

Pager/Mobile: _____ |E-mail: _____

Date: _____ |Signature: _____

Registration Fee:-

- | | |
|---|-------------|
| 1. Member of HKOS/COHK with membership approved on or before 18 September 2009. | HK\$ |
| <input type="checkbox"/> Early bird (before 18 September 2009) | 300 |
| <input type="checkbox"/> Late registration (after 18 September 2009) | 500 |
| 2. Non-member of HKOS/COHK. | |
| <input type="checkbox"/> Early bird (before 18 September 2009) | 1,500 |
| <input type="checkbox"/> Late registration (after 18 September 2009) | 2,000 |
| 3. Concessional | |
| <input type="checkbox"/> Medical Students, Hong Kong | 500 |
| <input type="checkbox"/> Ophthalmic nurse and paramedical, Hong Kong | 500 |
| <input type="checkbox"/> Ophthalmologists from Mainland China | 500 |

DINNER REGISTRATION (5 December 2009)

Yes, I will join the dinner. No, I will not join the dinner.

LUNCH REGISTRATION (6 December 2009)

Yes, I will join the lunch. No, I will not join the lunch.

Cheque should be made payable to “[The College of Ophthalmologists of Hong Kong](#)”.
 We only accept cheque (local)/bank draft (overseas) to be drawn at local bank in Hong Kong Dollars.
 Post-dated cheque is NOT acceptable.

Please return this form and the payment to:-

The Secretariat, Hong Kong Ophthalmological Symposium 2009
 Rm 802, 8/F Hong Kong Academy of Medicine Jockey Club Bldg, 99 Wong Chuk Hang Rd, Aberdeen, Hong Kong