



**Hong Kong Convention and Exhibition Centre**

10-11 December 2011

**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 30 September 2011       | <b>HK\$</b> |
| <input type="checkbox"/> Early bird (before 30 September 2011)                       | 400         |
| <input type="checkbox"/> Late registration (after 30 September 2011)                 | 600         |
| 2. Non-member of HKOS/COHK.  |             |
| <input type="checkbox"/> Early bird (before 30 September 2011)                       | 1,500       |
| <input type="checkbox"/> Late registration (after 30 September 2011)                 | 2,000       |
| 3. Concessional  |             |
| <input type="checkbox"/> Medical Students, Hong Kong - lunch and dinner not included | 400         |
| <input type="checkbox"/> Ophthalmic nurse and paramedical, Hong Kong                 | 600         |
| <input type="checkbox"/> Ophthalmologists from Mainland China/Macau                  | 600         |

**DINNER REGISTRATION (10 December 2011)**

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

**LUNCH REGISTRATION (11 December 2011)**

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 2011  
 Rm 802, 8/F Hong Kong Academy of Medicine Jockey Club Bldg, 99 Wong Chuk Hang Rd, Aberdeen, Hong Kong