

*Please fill in your name and correspondence address below (for postal use):*

Name: \_\_\_\_\_

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*Please ( ✓ ) where appropriate*

Replied by mail: \_\_\_\_\_

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**Acknowledgement Slip of Application**  
**4<sup>th</sup> Asia Pacific Conference on Diabetic Limb Problems**  
**23-25 November, 2007**  
**Li Ka Shing Faculty of Medicine**  
**The University of Hong Kong**

**Acknowledgement of Application**

(Office use only)

From: Department of Orthopaedics and Traumatology,  
The University of Hong Kong, 5th/Floor,  
Professorial Block, Queen Mary Hospital,  
Pokfulam, Hong Kong, HKSAR

Application No: \_\_\_\_\_

Applicant name: \_\_\_\_\_

(Office use only)

Conference on 24/11 and 25/11: \_\_\_\_\_ ( )

Workshop on 23/11: \_\_\_\_\_ ( )

Conference on 24/11 only: \_\_\_\_\_ ( )

Conference on 25/11 only: \_\_\_\_\_ ( )

Banquet on \_\_\_\_\_: \_\_\_\_\_ ( )

