

# Group REGISTRATION FORM

## 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

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

Correspondence address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact representative name: \_\_\_\_\_

(Surname)

(Given name)

(In block letters please)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Registration Fees (only applicable for 5 and more than 5 participants with the same profession)

Event	Category	<i>Early bird Registration, (before 4<sup>th</sup> November 2007)</i>	Late/ On-site registration, (after 4 <sup>th</sup> November, 2007)
4 <sup>th</sup> APCDLP 24-25 <sup>th</sup> November, 2007  The University of Hong Kong	Local registration - Doctor	HK\$480____	HK\$600____
	Local registration – Allied Health Profession	HK\$400____	HK\$520____
	1 day conference on 24/11____ 25/11____	HK\$400____	HK\$500____
	Undergraduate Student	HK\$300____	HK\$400____
	Overseas registration	US\$45____	US\$60____
	Banquet Ticket on 24 <sup>th</sup> November 2007 night	HK\$300____/ US\$40____	HK\$300____/ US\$40____
23 <sup>rd</sup> Nov, 2007	Workshop	HK\$150____/ US\$20____	HK\$ 200____/ US\$25____

Title	Profession	Name	Registration fee
			HK/US\$
			HK/US\$
			HK/US\$
			HK/US\$
			HK/US\$
			HK/US\$

SUB-TOTAL HK/US\$ \_\_\_\_\_

### Payment Method: (This part must be completed for acceptance of registration)

☐ A bank draft / Cheque No. \_\_\_\_\_ of HK/US\$ \_\_\_\_\_ payable to “*The University of Hong Kong*” is enclosed

**Note: There is no refund for all payment \* Please fill in your correspondence address on the acknowledgement slip**

Please return all registration forms and registration fee to Congress Secretariat: <b>Dr. Adrian H.B. Leung, Department of Orthopaedics and Traumatology,</b> <b>The University of Hong Kong, 5th/Floor, Professorial Block,</b> <b>Queen Mary Hospital, Pokfulam, Hong Kong, HKSAR</b> Tel : (852) 2855 4348 Fax : (852) 2855 3515 E-mail : <a href="mailto:info@diabeticlimb.hk">info@diabeticlimb.hk</a> Web page: <a href="http://www.diabeticlimb.hk">www.diabeticlimb.hk</a>	Date _____  Signature of representative _____
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27 October 2007