

# 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

Title: ☐ Prof. ☐ Dr. ☐ Mr. ☐ Ms.

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

(Surname)

(Given name)

(In block letters please)

Profession: ☐ Doctor ☐ Nurse ☐ Prosthetist & Orthotist ☐ Podiatrist ☐ Others \_\_\_\_\_

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

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

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

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

### Accompanying Person (s) at Banquet:

1) \_\_\_\_\_  
(Title) (Surname) (Given name)

2) \_\_\_\_\_  
(Title) (Surname) (Given name)

### Registration Fees (Refreshments and lunches included) \* Please (✓) where appropriate

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\$ 600____	HK\$ 750____
	Local registration – Allied Health Profession	HK\$ 500____	HK\$ 650____
	1 day conference on 24/11____ 25/11____	HK\$ 400____	HK\$ 500____
	Undergraduate Student	HK\$ 300____	HK\$ 400____
	Overseas registration	US\$ 75____	US\$ 100____
	Banquet Ticket at 24 <sup>th</sup> November 2007 night	HK\$ 300____ / US\$ 40____	HK\$300____ / US\$ 40____
23 <sup>rd</sup> Nov, 2007	Workshop	HK\$ 200____ / US\$ 25____	HK\$ 250____ / US\$ 30____

### 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

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

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

<p>Please return all registration forms and registration fee to Congress Secretariat: <b>Dr. Adrian H.B. Leung, Department of Orthopaedics and Traumatology, The University of Hong Kong, 5th/Floor, Professorial Block, 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></p>	<p>Date _____</p> <p>Signature of applicant _____</p>
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27 October 2007