



Hong Kong Academy of Medicine Second International Congress 2 - 5 November 2000

To: Congress Secretariat, Second International Congress
99 Wong Chuk Hang Road, Aberdeen, HK

Tel No : (852) 2871 8787
Fax No: (852) 2871 8898

(A) Registration Form

Title (please✓) : Prof. Dr. Mr. Mrs. Ms.

First Name : _____ Family Name: _____

Department : _____ Organization / Institution: _____

Address : _____

_____ Country : _____

Postal Code : _____ Telephone : _____

Facsimile : _____ E-mail : _____

ACCOMPANYING PERSON

Title (please✓) : Prof. Dr. Mr. Mrs. Ms.

First Name : _____ Family Name: _____

Title (please✓) : Prof. Dr. Mr. Mrs. Ms.

First Name : _____ Family Name: _____

PROGRAM	Date	Rate	No. of Persons	Amount
<input type="checkbox"/> Opening Ceremony	2 Nov 2000	Complimentary		
<input type="checkbox"/> David Todd Oration	2 Nov 2000	Complimentary		
<input type="checkbox"/> Congress Banquet	4 Nov 2000	HK\$500/US\$65/person		

REGISTRATION FEE	Before 1 Aug	After 1 Aug	No. of Persons	Amount
<input type="checkbox"/> HKAM Fellow*	HK\$1,700/person	HK\$2,000/person		
<input type="checkbox"/> Local Trainee**	HK\$1,200/person	HK\$1,500/person		
<input type="checkbox"/> Para-medical Delegate***	HK\$1,200/person	HK\$1,500/person		
<input type="checkbox"/> Other Local Delegate	HK\$2,200/person	HK\$2,500/person		
<input type="checkbox"/> Overseas Delegate	US\$300/person	US\$350/person		
<input type="checkbox"/> Accompanying Person	US\$100/person	US\$100/person		
<input type="checkbox"/> Day Registration - 3/4/5 Nov	HK\$700/person/day	HK\$800/person/day		

- * Fellow of the Hong Kong Academy of Medicine
- ** Reference letter must accompany registration form
- *** Restricted to nurses, allied health professionals and medical students

FORM OF PAYMENT

By HKAM Platinum Card

Name of Cardholder : _____ Credit Card Number : _____

Expiry Date : _____ Approved Amount _____

Approved Signature : _____

By Cheque/Bank Draft payable to **"Hong Kong Academy of Medicine"**.

Submitted By : _____ Date: _____

CANCELLATION POLICY: 100% Refund with over 90 days notice; 50% Refund with over 30 days notice and no refund with less than 30 days notice.



Hong Kong Academy of Medicine Second International Congress 2 - 5 November 2000

To: Swire Travel Ltd (Attn: Ms. Sunita Wong)
18/F Devon House, Taikoo Place, 979 King's Road, Quarry Bay, HK

Tel No : (852) 2579 6829
Fax No : (852) 2590 0099
E-mail : hkchina@swiretravel.com

(B) Hotel / Tour Reservation Form

Title (please✓) : Prof. Dr. Mr. Mrs. Ms.

First Name : _____ Family Name: _____

Department : _____ Organization / Institution: _____

Address : _____

_____ Country : _____

Postal Code : _____ Telephone : _____

Facsimile : _____ E-mail : _____

ACCOMPANYING PERSON

Title (please✓) : Prof. Dr. Mr. Mrs. Ms.

First Name : _____ Family Name: _____

Title (please✓) : Prof. Dr. Mr. Mrs. Ms.

First Name : _____ Family Name: _____

HOTEL ACCOMMODATION

Choice	Hotel Name	Room Type	Check-in Date	Check-out Date	No. of Nights	Deposit
First						
Second						

AIRPORT TRANSFER

Choice	Arrival Date	Flight No	Departure Date	Flight No.	No. of Persons	Amount
One way coach transfer						
One way car transfer						

TOUR

Tour Name	Tour Fee / Person	No. of Persons	Amount

FORM OF PAYMENT

By Credit Card, please fax the front and back of the credit card.

Name of Cardholder : _____ Type of Card : AE Diners Visa

Credit Card Number : _____ Expiry Date : _____

Approved Amount : _____ Approved Signature: _____

By Bank Transfer (all bank handling charges to be paid by sender)

A/C Payee : Swire Travel Ltd. Bank Name : Hong Kong & Shanghai Banking Corporation
A/C No : 111-016275-002 Bank Address : No.1 Queen's Road, Central, Hong Kong
Attention : Sunita Wong Ref. Code : SIC (please fax the TT copy for reference)