

REGISTRATION FORM

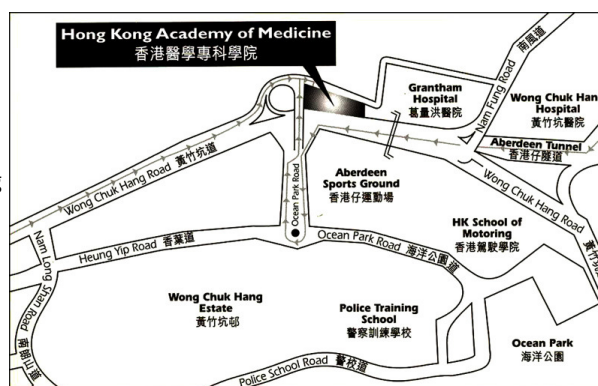
FOR OFFICIAL USE ONLY:

Amount received: HK\$ _____ Registration No.: _____ Receipt No. _____

3RD JOINT SCIENTIFIC MEETING OF THE ROYAL COLLEGE OF RADIOLOGISTS & HONG KONG COLLEGE OF RADIOLOGISTS AND 17TH ANNUAL SCIENTIFIC MEETING OF HKCR

31st October – 1st November 2009 (Saturday & Sunday)

Venue: **Hong Kong Academy of Medicine Jockey Club Building**
99 Wong Chuk Hang Road, Aberdeen, HKSAR, China
香港黃竹坑道 99 號香港醫學專科學院賽馬會大樓
<http://www.hkam.org.hk>



(Each form should be used for one registration only. It can be photocopied, downloaded from <http://www.rcr.ac.uk> or <http://www.hkcr.org> or obtained from the HKCR secretariat office.)

Please return the completed registration form with payment to:

College Secretariat, Hong Kong College of Radiologists
Room 909, 9/F, Hong Kong Academy of Medicine
Jockey Club Building
99 Wong Chuk Hang Road
Aberdeen, Hong Kong SAR, China

Tel: (852) 2871 8788
Fax: (852) 2554 0739
Email: enquiries@hkcr.org
Please visit our website for updated information:
URL: <http://www.hkcr.org>

I. Identification (please use block capitals)

Title: Prof. / Dr. / Mr. / Mrs. / Ms. Status: Fellow / member of RCR / HKCR: YES NO

Last Name: _____ First Name: _____

Position: _____ Department: _____

Organization / Institute: _____

Mailing Address: _____

Telephone: () _____ Facsimile: () _____

E-mail address: _____

II. Registration Fees & Method of Payment

Registration fees for delegates include a copy of programme book, coffee breaks and lunch during the meeting period. Conference kits are for full registrants only. All bank charges must be pre-paid.

REGISTRATION FEES FOR LOCAL/OVERSEAS DELEGATES:

	Fellows & members of RCR / HKCR	Radiographers, Medical Physicists and Nurses	Other Physicians	Students
Discounted Rate for Early Bird Registration (Before 31 st August 2009 by postage chop)	<input type="checkbox"/> HKD 900 / <input type="checkbox"/> USD 125	<input type="checkbox"/> HKD 750 / <input type="checkbox"/> USD 105	<input type="checkbox"/> HKD 1,200 / <input type="checkbox"/> USD 165	<input type="checkbox"/> HKD 450 / <input type="checkbox"/> USD 65
Full Registration (2 Days)	<input type="checkbox"/> HKD 1,200 / <input type="checkbox"/> USD 165	<input type="checkbox"/> HKD 900 / <input type="checkbox"/> USD 125	<input type="checkbox"/> HKD 1,500 / <input type="checkbox"/> USD 200	<input type="checkbox"/> HKD 600 / <input type="checkbox"/> USD 85
Day Registration (on _____)	<input type="checkbox"/> HKD 600 / <input type="checkbox"/> USD 85	<input type="checkbox"/> HKD 450 / <input type="checkbox"/> USD 65	<input type="checkbox"/> HKD 750 / <input type="checkbox"/> USD 105	<input type="checkbox"/> HKD 300 / <input type="checkbox"/> USD 50
Dinner of the Colleges on 31 st October 2009	<input type="checkbox"/> HKD 200 / <input type="checkbox"/> USD 35			

(The registration fees in USD as quoted above **include** bank charges for USD bank drafts.)

METHOD OF PAYMENT:

- Cheque in Hong Kong Dollars (HKD)** made payable to “HONG KONG COLLEGE OF RADIOLOGISTS” enclosed. For overseas delegates, personal cheques are not accepted.
- Bank Draft in US Dollars (USD)** made payable to “HONG KONG COLLEGE OF RADIOLOGISTS” enclosed.
- Payment by Credit Card in Hong Kong Dollars (HKD) for overseas delegates only.** The following credit cards are accepted: VISA, MASTERCARD or JCB CARD.

Please charge registration fees to my: Visa MasterCard JCB Card

Cardholder Name: _____ Credit Card No.: _____

Expiry Date: _____ (mm / yy)

Please indicate any special dietary requirements: _____

III. CME/CPD Accreditation

The 2-day meeting is accredited by the **Hong Kong College of Radiologists for 11.5 (Cat. A) CME/CPD Credit Points. [6.5 points for 31st October 2009 and 5 points for 1st November 2009]**

CME/CPD credit points from The Royal College of Radiologists, other Colleges of the Hong Kong Academy of Medicine, MCHK CME Programme and Radiographers Board of Hong Kong are under application.

Please remember to register for your CME/CPD points on both days of the meeting. Programme may be subject to changes.

IV. Personal Data (Privacy) Ordinance

Your name and institute will be included in the list of participants, which may be distributed to delegates, speakers, sponsoring companies and other parties involved in this event. Please tick box if you do not agree.

I **would not** like my name to be included in the list of participants.

V. Cancellation Policy

In the event of cancellation, a refund of the total registration fee paid (minus a 25% administration fee) will be made, on provision of a **written notice received by the Secretariat on or before 30th September 2009**. After this date, no refund can be made for cancellation. Please note that all refunds will be issued only after the meeting. In case of cancellation due to bad weather or other uncontrollable factors, no refund will be entertained.

Signature: _____

Date: _____