

## **REGISTRATION FORM**

FOR OFFICIAL USE ONLY:

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

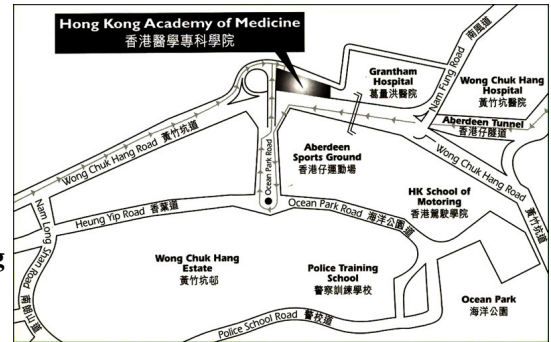
(Each form should be used for one registration only. It can be photocopied, downloaded from <http://www.hkcr.org> or obtained from our secretariat office)

### **BREAST CANCER SYMPOSIUM**

Organized by Hong Kong College of Radiologists

**Date: 8th May 2010 (Saturday)**

**Venue: Pao Yue Kong Auditorium, G/F  
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>



Please return the completed registration form with payment to:

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

Tel: (852) 2871 8788

Fax: (852) 2554 0739

Email: [Enquiries@hkcr.org](mailto:Enquiries@hkcr.org)

Please visit our website for updated information:

URL: <http://www.hkcr.org>

*\*For HKCR members and Fellows, please kindly send in your registration forms even though payment is not required so as to facilitate our arrangements.*

#### ***I. Identification (please use block capitals)***

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Organization / Institute: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Facsimile ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

#### ***II. Registration Fees***

<input type="checkbox"/> HKCR members and Fellows	Free
<input type="checkbox"/> Radiographers / Nurses / Students	HK\$50
<input type="checkbox"/> Other Physicians	HK\$200

This symposium is accredited by **Hong Kong College of Radiologists for 3 (Cat. A) CME/CPD Points**. CME/CPD Accreditation from other HKAM Colleges, MCHK CME Programme and Radiographers Board of Hong Kong are under application.

#### ***III. Method of Payment***

Cheque made payable to “**HONG KONG COLLEGE OF RADIOLOGISTS**” should be enclosed with registration form.

#### ***IV. 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 23<sup>rd</sup> April 2010**. After this date no refund can be made for cancellation. Please note that all refunds will be issued only after the event. In case of cancellation due to bad weather or other uncontrollable factors, no refund will be entertained.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_