



International Conference on Health Care Reform:
Asia-Pacific Experiences and Western Models

Registration Form

Please submit this form on or before 1 March 2011 (Tuesday)

PERSONAL INFORMATION

Name: _____
(First) (Middle Initial) (Last)

Title or Position: _____

Organization/Institution: _____

Address: _____

E-mail: _____ Telephone: _____

REGISTRATION

- ☐ I shall attend the A.M. session of 4 March 2011 (Friday)
- ☐ I shall attend the P.M. session of 4 March 2011 (Friday)
- ☐ I shall attend the A.M. session of 5 March 2011 (Saturday)
- ☐ I shall attend the P.M. session of 5 March 2011 (Saturday)

CONTACT INFORMATION

Please e-mail or fax the completed registration form to the Hong Kong Institute of Asia-Pacific Studies, CUHK.

FAX: (852) 2603 5215

PHONE: (852) 2609 6738 (Iris Mok)

E-MAIL: puimeimok@cuhk.edu.hk

Limited seats are available on a first-come-first-served basis.