

REGISTRATION FORM

FOR OFFICIAL USE ONLY:

Amount received: HK\$ _____

Registration No.: _____

Receipt No. _____

4TH JOINT SCIENTIFIC MEETING OF THE ROYAL COLLEGE OF RADIOLOGISTS & HONG KONG COLLEGE OF RADIOLOGISTS AND 19TH ANNUAL SCIENTIFIC MEETING OF HKCR

29th – 30th October 2011 (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:

C/o Swire Travel Ltd.
Destinations & Events Management
6/F, Cambridge House, Taikoo Place
979 King's Road, Quarry Bay
Hong Kong SAR, China

Tel: (852) 3151 8819
Fax: (852) 2590 0099
Email: TobyChui@swiretravel.com
Please visit our website for updated information:
URL: <http://www.hkcr.org>

Attention : Mr. Toby Chui

I. Identification (please use block capitals)

Title: <u>Prof. / Dr. / Mr. / Mrs. / Ms.</u>	Status: <u>Fellow / member of RCR / HKCR:</u> <input type="checkbox"/> YES <input type="checkbox"/> 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 2011 by postage chop)	<input type="checkbox"/> HKD 1,000/ <input type="checkbox"/> USD 140	<input type="checkbox"/> HKD 850/ <input type="checkbox"/> USD 120	<input type="checkbox"/> HKD 1,400 / <input type="checkbox"/> USD 200	<input type="checkbox"/> HKD 500 / <input type="checkbox"/> USD 70
Full Registration (2 Days)	<input type="checkbox"/> HKD 1,400/ <input type="checkbox"/> USD 200	<input type="checkbox"/> HKD 1,000/ <input type="checkbox"/> USD 140	<input type="checkbox"/> HKD 1,700/ <input type="checkbox"/> USD 240	<input type="checkbox"/> HKD 700/ <input type="checkbox"/> USD 100
Day Registration (on _____)	<input type="checkbox"/> HKD 700/ <input type="checkbox"/> USD 100	<input type="checkbox"/> HKD 500/ <input type="checkbox"/> USD 70	<input type="checkbox"/> HKD 850 / <input type="checkbox"/> USD 120	<input type="checkbox"/> HKD 350/ <input type="checkbox"/> USD 50
Dinner of the Colleges on 29 th October 2011	<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 "SWIRE TRAVEL LTD." enclosed. For overseas delegates, personal cheques are not accepted.
- ☐ **Bank Draft in US Dollars (USD)** made payable to "SWIRE TRAVEL LTD." 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 ☐ AMEX 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 (Cat. A) CME/CPD Credit Points.**
[6 points for 29th October 2011 and 5 points for 30th October 2011]

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 and also for our College's future scientific activities. 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 2011**. 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: _____