

1-2 SEPTEMBER 2018 HONG KONG

# SYMPOSIUM ON ASTHMA AND COPD: NOW AND FUTURE



## REGISTRATION FORM

Name: Professor / Dr. / Mr. / Ms.: \_\_\_\_\_

Job title: \_\_\_\_\_

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

Hospital/Clinic: \_\_\_\_\_

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

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

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

## MEETING REGISTRATION

Category	Medical Doctors		Nurses and Allied Health Professionals	
	Members of HKTS/CHEST	Non-members	Members of HKTS/CHEST	Non-members
Symposium on Asthma and COPD (1 - 2 Sep)	<input type="checkbox"/> HK\$500	<input type="checkbox"/> HK\$1,000	<input type="checkbox"/> HK\$300	
Hands-on Workshop and Symposium (1 - 2 Sep)	<input type="checkbox"/> HK\$800	<input type="checkbox"/> HK\$1,600	<input type="checkbox"/> HK\$500	<input type="checkbox"/> HK\$700

Remarks:

HKTS/CHEST members have priority registration for the workshop

## LUNCH REGISTRATION

I shall join the lunch on 1 September 2018.

I shall join the lunch on 2 September 2018.

(Lunch will not be provided if those boxes are left blanks.)

I enclose a cheque in the sum of HKD \_\_\_\_\_ as the registration fee.

Issuing Bank: \_\_\_\_\_ Cheque No.: \_\_\_\_\_

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

Please fill in the registration form and return it with payment to the meeting secretariat before **10 August 2018**. Please make cheque payable to "Hong Kong Thoracic Society Limited".

### MEETING SECRETARIAT

MIMS (Hong Kong) Limited

27/F., OTB Building, 160 Gloucester Road, Wanchai, Hong Kong

Tel: (852) 2155 8557 or 2116 4348 Fax: (852) 2559 6910

E-mail: meeting.hk@mims.com