

REGISTRATION FORM

You are encouraged to register online. Online registration is available at: <https://hkts.hk>

Name: Professor / Dr. / Mr. / Ms.: _____

Job title: _____

Department: _____

Hospital/Clinic: _____

Address: _____

Tel: _____ Fax: _____

E-mail: _____

MEETING REGISTRATION

Category	Doctor	Allied Health Professionals
Member*	<input type="checkbox"/> HKD 150 per person	
Non-member	<input type="checkbox"/> HKD 600 per person	<input type="checkbox"/> HKD 400 per person

* Member of Hong Kong Thoracic Society or Chest Delegation Hong Kong and Macau

LUNCH REGISTRATION

☐ I shall join the lunch.

☐ I shall NOT join the lunch.

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

Issuing Bank: _____ Cheque No.: _____

Signature: _____ Date: _____