

REGISTRATION FORM

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

Profession: Doctor / Nurse / Physiotherapist (PT) / Occupational Therapist (OT) / Others: _____

Job Title: _____

Department: _____

Hospital / Organization: _____

Address: _____

Mobile Number: _____ Email: _____

MEETING REGISTRATION

Immunology Course for Respiratory Physicians

Category	Immunology Course for Respiratory Physicians 6 Nov 2026 (Fri)
Member*	☐ HK\$ 2,000
Non-member	☐ HK\$ 3,000

Autumn Respiratory Seminar 2026 cum Airway Disease Symposium

Category	Airway Disease Symposium [^] 7 Nov 2026 (Sat)	ARS 8 Nov 2026 (Sun)	Airway Disease Symposium & ARS 7 & 8 Nov 2026 (Sat & Sun)
Member*	☐ HK\$ 300	☐ HK\$ 300	☐ HK\$ 400
Non-member (Allied Health Professionals)	☐ HK\$ 500	☐ HK\$ 500	☐ HK\$ 700
Non-member (Doctor)	☐ HK\$ 600	☐ HK\$ 600	☐ HK\$ 800

[^]Certificate Course and Hands-on Workshop Registration

Seats are limited and will be allocated on a first-come, first-served basis.

Please indicate your attendance if you would like to join these sessions.

7 Nov 2026 (Sat), 09:00 – 10:15

Certificate Course for Allied Health Professionals (AHPs)

☐ I will join this session.

7 Nov 2026 (Sat), 10:30 – 12:30

Hands-on Workshops for AHPs & Physicians

☐ I will join this session.

LUNCH REGISTRATION

(For delegates who will attend on 8 Nov 2026 only.)

ARS - 8 Nov 2026 (Sun)

☐ I shall join the lunch.

☐ I shall NOT join the lunch.

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

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

Issuing Bank: _____ Cheque No.: _____

Signature: _____ Date: _____