

ANNUAL SCIENTIFIC MEETING 2024

24 March 2024 (Sunday)

REGISTRATION FORM

You are encouraged to register online at: <https://hkts.hk>

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

Job Title: _____

Department: _____

Hospital/Clinic: _____

Address: _____

Mobile Number: _____ Office Number: _____

Fax Number: _____ Email: _____

MEETING REGISTRATION

Category	Doctors	Allied Health Professionals
Members*	<input type="checkbox"/> HKD 150 per person	
Non-members	<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: _____