

SLEEP AND BREATHING COURSE cum ANNUAL SCIENTIFIC MEETING 2025



21 – 23 March 2025 (Friday – Sunday)

REGISTRATION FORM

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

Job Title: _____

Department: _____

Hospital / Clinic: _____

Address: _____

Tel: _____ Fax: _____

Email: _____

REGISTRATION FEE

Category	Sleep and Breathing Course (21 – 22 March 2025)	Annual Scientific Meeting (23 March 2025)
Trainees in Respiratory Medicine	<input type="checkbox"/> HKD 1,800 / USD 230 per person	
Members of HKTS* / CHEST* (Medical Doctors)	<input type="checkbox"/> HKD 2,500 / USD 320 per person	<input type="checkbox"/> HKD 200 / USD 25 per person
Members of HKTS* / CHEST* (Allied Health Professionals)	<input type="checkbox"/> HKD 1,500 / USD 190 per person	
Non-members (Medical Doctors)	<input type="checkbox"/> HKD 4,000 / USD 510 per person	<input type="checkbox"/> HKD 600 / USD 75 per person
Non-members (Allied Health Professionals)		<input type="checkbox"/> HKD 400 / USD 50 per person

* HKTS – Hong Kong Thoracic Society

* CHEST – CHEST Delegation Hong Kong and Macau

LUNCH REGISTRATION

I shall join the lunch on 23 March 2025. (Lunch will not be provided if the box is left blank.)

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

Issuing Bank: _____ Cheque No.: _____

Signature: _____ Date: _____