

The Hong Kong Pain Society Annual Scientific Meeting 2016
“Against Pain in the Musculoskeletal System”
19-20 November 2016, Hong Kong

Registration Form

Please complete the form below and return it with appropriate payment to:
HKPS ASM 2016 Meeting Secretariat: International Conference Consultants Limited (ICC LTD)
Office Address: Unit C-D, 17/F, Max Share Centre, 373 King's Road, North Point, Hong Kong
 Tel: (852) 2559 9973 Fax: (852) 2547 9528 Email: hkpsasm@icc.com.hk

You are advised to register online at www.hkpainsociety.org

(Please type or print in block letters and “√” where appropriate)

(A) PERSONAL INFORMATION *Mandatory fields

Title*: Prof Dr Mr Mrs Ms Others, please specify: _____

Surname*: _____ First Name*: _____

Position*: _____ Department*: _____

Hospital/Organization*: _____ Specialty*: _____

Address*: _____

City/Region/State: _____ Postal Code: _____ Country*: _____

Tel*: _____ Mobile Phone: _____ Fax: _____
(country code) (area code) number (country code) (area code) number (country code) (area code) number

Email*: _____ (Email is required for further communication.)

Dietary Requirement*: None Vegetarian Allergic to Food (please specify): _____

(B) REGISTRATION FEE

I am a member of: HKPS member IASP member I am a Non-member/ Overseas Delegate.

Venue: Hyatt Regency Hong Kong, Sha Tin

Registration Category	HKPS / IASP Member *		Non-member / Overseas Delegate	
	Early Bird (on/before 30 September)	Regular (after 30 September)	Early Bird (on/before 30 September)	Regular (after 30 September)
1-Day Meeting (19 Nov)	<input type="checkbox"/> HK\$300	<input type="checkbox"/> HK\$500	<input type="checkbox"/> HK\$600	<input type="checkbox"/> HK\$800
Workshop ONLY (20 Nov)	<input type="checkbox"/> Go to Section C			
SUB TOTAL (B)			HK\$	

*HKPS Member = Current member of Hong Kong Pain Society (Paid-up member for the year of 2016)

*IASP Member = Current member of International Association for the Study of Pain

The Pain Association of Singapore, The Malaysian Association for the Study of Pain (MASP), Thai Association for the Study of Pain (TASP), Taiwan Association for the Study of Pain and The Korean Pain Society can enjoy the member rate.

Please indicate your attendance to the following function **(Please ✓where appropriate)**

Lunch on 19 Nov *No Lunch on 20 Nov

(C) WORKSHOPS ON 20 NOVEMBER

Venue: W1 - Prince of Wales Hospital / W2 - The Chinese University of Hong Kong

^ After 30 September, HKPS / IASP Member can only register at “Non-member / Overseas Delegate” Rate.

Registration Category	HKPS / IASP Member ^ <small>(Workshop Fee: valid up to 30 September)</small>	Non-member / Overseas Delegate
W1 – MSK Hands-on Ultrasound & Pain Workshop (09:00-16:30)	<input type="checkbox"/> HK\$1,400	<input type="checkbox"/> HK\$2,000
W2 – Pose Method Running Course (09:00-16:30)	<input type="checkbox"/> HK\$800	<input type="checkbox"/> HK\$1,500
SUB TOTAL (C)		HK\$

Surname*: _____ First Name*: _____

For the participants of "W1: MSK Hands-on Ultrasound & Pain Workshop"

Lecture: in the morning

Hands-on Workshop: in the afternoon (each station 45 minutes, maximum 4 stations, by rotation)

Station No.	Topic		Please select maximum 4 stations
Station 1	MSK Upper Limb I	Shoulder & Related Nerve	<input type="checkbox"/>
Station 2	MSK Upper Limb II	Elbow, Wrist and Hand	<input type="checkbox"/>
Station 3	Spine + SIJ	Lumbar Spine, Sacral Foramen, Sacral Iliac Joint	<input type="checkbox"/>
Station 4	MSK Lower Limb I	Hip & Related Muscles (Piriformis, Gluteal etc.)	<input type="checkbox"/>
Station 5	MSK Lower Limb II	Knee	<input type="checkbox"/>
Station 6	MSK Lower Limb III	Foot, Ankle and Related Nerves	<input type="checkbox"/>
Station 7	WS LBP	Low Back Pain & CORES Muscles	<input type="checkbox"/>

Please provide Hotel Information to me.

(D) PAYMENT DECLARATION

I would like to settle the payment of **(B+C) HK\$** _____ by:

Cheque: payable to "International Conference Consultants Limited" (for local participants only)

Credit Card: Visa MasterCard

(For overseas delegates, please contact your credit card company to notify them this international charge to prevent the transaction from being rejected.)

I hereby authorize the Meeting Secretariat, **International Conference Consultants Limited (ICC LTD)**, to debit the above-mentioned amount from my card.

Card Number: _____ Name of Cardholder: _____

Expiry Date (MM/YY): _____ - _____ Cardholder's Signature: _____ Date: _____

I hereby agree to be bound by the rules and regulations of the meeting.

Rules and Regulations (Registration):

1. Registrations are subject to acceptance on a "first-come-first-served" basis.
2. Registration forms received without payment will not be processed. Please DO NOT send cash.
3. Secretariat will send a letter of confirmation by email upon receipt of your registration form and full payment. Kindly check all the listed items. Any changes or alterations must be made in writing to the Secretariat.
4. No refund for any cancellation of registration after payment of registration fee. Name change is allowed if the Secretariat receives the written notice before **1 November 2016**.
5. The programme is subject to change without prior notice. In the event of cancellation of the meeting, the only liability of the Organizers is to refund all the registration fees paid.