

**Combined Scientific Meeting of Hong Kong Pain Society (HKPS) and
5th Multidisciplinary Musculoskeletal Ultrasound Symposium on Pain Management (MSK US PM)
5-7 December 2014**

Main Meeting	Workshops	
5-6 December 2014 InterContinental Grand Stanford Hotel Hong Kong	5 December 2014 InterContinental Grand Stanford Hotel Hong Kong	7 December 2014 Hong Kong Sanatorium & Hospital

REGISTRATION FORM

Please complete the form below and return it with the appropriate payment to:

Meeting Secretariat: International Conference Consultants Limited

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: HKPS_MSK@icc.com.hk

You are advised to register online at <http://www.hksh.com/mskuspm>

(Please type or print in block letters and "✓" where appropriate)

(A) PERSONAL INFORMATION *Mandatory fields

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

Surname*: _____ Forename*: _____

Position*: _____ Department*: _____

Specialty*: _____ Hospital/Organization*: _____

Country*: _____

Address*: _____

Tel*: () _____ Mobile Phone*: () _____ Fax: () _____

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

Pain Organization Membership Number: _____

Special meal requests: Vegetarian Pork-free Beef-free Others, please specify: _____

(B) REGISTRATION FEES

Early Bird Deadline: 10 October 2014

Registration Category	Member (HKPS / IASP Chapters Pain Organization)				Non-member/ Overseas Delegate	
	<input type="checkbox"/> HKPS member (Paid-up member for the year of 2014) <input type="checkbox"/> IASP member (Membership No.: _____)					
	Doctors		Allied Health/ Nurses			
	Early Bird	Regular	Early Bird	Regular	Early Bird	Regular
Full Registration (5-7 Dec) Package	<input type="checkbox"/> HK\$6,000	<input type="checkbox"/> HK\$7,000	<input type="checkbox"/> HK\$2,500	<input type="checkbox"/> HK\$4,500	<input type="checkbox"/> HK\$7,500	<input type="checkbox"/> HK\$8,500
2-Day Registration (5 & 7 Dec)	<input type="checkbox"/> HK\$5,000	<input type="checkbox"/> HK\$6,000	<input type="checkbox"/> HK\$2,000	<input type="checkbox"/> HK\$3,000	<input type="checkbox"/> HK\$6,500	<input type="checkbox"/> HK\$7,500
1-Day Registration (6 Dec)	<input type="checkbox"/> HK\$1,000	<input type="checkbox"/> HK\$1,500	<input type="checkbox"/> HK\$600	<input type="checkbox"/> HK\$800	<input type="checkbox"/> HK\$2,500	<input type="checkbox"/> HK\$3,000
SUB TOTAL (B)	HK\$: _____					

* Member Rate: The members of Hong Kong Pain Society (Paid-up member for the year of 2014), 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 refer to the official website, <http://www.hksh.com/mskuspm/registration.html>, for the entitlements of each registration category and terms and conditions. The delegates who register at Full Registration (Early Bird Rate) will be provided with a complimentary Gala Dinner ticket.

(C) OPTIONAL SOCIAL FUNCTIONS

Pre-booking is required. All Social Functions are with limited no. of seats and booking is on first-come-first-served basis.

Social Functions	Registered Delegate	Accompanying Person(s)
Tai Chi Practice Session (07:30-08:00, 6 Dec)	<input type="checkbox"/> HK\$100	<input type="checkbox"/> HK\$100 x _____ Accompanying Person(s)
Gala Dinner/ HKPS Annual Dinner (19:00-22:00, 6 Dec)	<input type="checkbox"/> HK\$800	<input type="checkbox"/> HK\$800 x _____ Accompanying Person(s)
SUB TOTAL (C):	HK\$: _____	

Surname*: _____ Forename*: _____

(D) WORKSHOPS *(For delegates of Full Registration & 2-Day Registration ONLY)*

(i) Ultrasound Workshop Basic US (5 Dec, 15:45-17:00)

**Same timeslot for WS UL, WS LL and WS LBP. Please select ONE only.*

- Ultrasound Workshop Upper Limb PBLD & Exam (WS UL)
 Ultrasound Workshop Lower Limb PBLD & Exam (WS LL)
 Ultrasound Workshop Low Back Pain & CORES muscles (WS LBP)

(ii) Hands on Musculoskeletal Ultrasound on Pain Management MSK US PM Workshop (7 Dec)

**Same timeslot for WSB and LBP CORES (7-Dec, 09:00-11:00). Please select ONE only.*

- Hands on Ultrasound Workshop MSK US PM (WSB) * choose 3 stations
 Hands on Ultrasound Workshop MSK US PM Low Back CORES Muscles / Rehabilitation (LBP CORES)

- Hands on Ultrasound Workshop MSK US PM (WSC) (7 Dec, 11:20-13:20) * choose 3 stations

*(Please ✓ your choice in the box, only 3 STATIONS per workshop.) * Each station is limited to 8 participants.*

All the workshops are subject to seat capacity and pre-booking is on first-come-first-served basis.

WSB	WSC	STATION NO.	TOPIC	
<input type="checkbox"/>	<input type="checkbox"/>	Station 1	Head and Neck I	Occipital Nerve, Cervical Spine and Facets
<input type="checkbox"/>	<input type="checkbox"/>	Station 2	Head and Neck II	Brachial Plexus, Cervical Nerve Root, Stellate, Suprascapular Nerve
<input type="checkbox"/>	<input type="checkbox"/>	Station 3	MSK Upper Limb I	Shoulder
<input type="checkbox"/>	<input type="checkbox"/>	Station 4	MSK Upper Limb II	Elbow, Wrist, Hand
<input type="checkbox"/>	<input type="checkbox"/>	Station 5	Truncal Block I	TAP Block, Femoral, Genitofemoral Nerves, Intercostal Nerve Block
<input type="checkbox"/>	<input type="checkbox"/>	Station 6	Spine	Lumbar Facets, Epidural & Caudal, Sacral Foramen
<input type="checkbox"/>	<input type="checkbox"/>	Station 7	MSK Lower Limb I	Sacral Iliac Joints, Hip, Piriformis Muscle, Pudendal nerve
<input type="checkbox"/>	<input type="checkbox"/>	Station 8	MSK Lower Limb II	Knee
<input type="checkbox"/>	<input type="checkbox"/>	Station 9	MSK Lower Limb III	Foot and Ankle and Related Nerves

- Please provide Hotel and/or Tour Information to me.

(E) PAYMENT DECLARATION

- I hereby agree to be bound by the rules and regulations of the Meeting and 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 of this international charge to prevent the transaction from being rejected.)

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

Card Number: _____ Name of Cardholder: _____

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