



Pain Management Forum
**The Management of
Low Back Pain in Primary Care**

29 June 2008

REPLY SLIP

(Please return the reply slip with appropriate payment to
Unit 901-903, AXA Centre, 151 Gloucester Road, Wanchai, Hong Kong)

PERSONAL DETAILS

Prof/Dr/Mr/Ms: _____ (Family name)

_____ (First name)

Hospital/Organization: _____

Specialty: _____

Address: _____

Tel: _____ Fax: _____

E-mail: _____

Registration Deadline: **20 June 2008**

Registration: (Please your choice)

Free (HKPS Member)

HK\$200 (Non-HKPS member)

To enjoy the complimentary members rate and privileges, complete the membership application and meeting registration forms, and send together with the membership fee (HK\$200) to the Meeting Secretariat before 8 June 2008. Nomination waived for this special function.

I shall attend meeting only

I shall attend both lunch and meeting

Signature

Date

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ATTN: Ms. Sandy Chung
TO: CMPMedica Pacific Limited
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151 Gloucester Road, Wanchai
Hong Kong