**Hong Kong Pain Society**

**Annual Scientific Meeting 2012**

15 September 2012 (Saturday) • Marco Polo Hongkong Hotel

(Address: 3 Canton Road, Harbour City, Tsim Sha Tsui, Kowloon)

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| Registration Form |

Please complete the form below and return it with the appropriate payment to **HKPS-ASM 2012 Meeting Secretariat**:

c/o International Conference Consultants Ltd.

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-asm@icc.com.hk](mailto:hkps-asm@icc.com.hk) Website: <http://www.hkpainsociety.org>

**(a) Personal Information*****(Please type or print in block letters and* ✓ *where appropriate)***

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| --- | --- | --- | --- | --- | --- | --- |
| Title: | * Prof. | * Dr. | * Mr. | * Mrs. | * Ms. | * Others, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Family Name: First Name:

Position & Department:

Institution:

Address:

Tel: Fax: Email: \_\_

**(B) Registration Fee *(Please* ✓ *where appropriate)***

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| **Category** | | **HKPS Member1** | **Non-member2** |
| **ASM 2012**  (15 September, Saturday) | *On or before 15 August 2012* | 🞏 HK$50 | 🞏 HK$600 |
| *After 15 August 2012* | 🞏 HK$500 | 🞏 HK$800 |
| **Pre-Meeting Workshop I:**  **Interventional Workshop on Pain Management**  Time: 9:00-12:00, 14 Sept, Friday | Venue: Queen Elizabeth Hospital | | 🞏 HK$200 | 🞏 HK$500 |
| **Pre-Meeting Workshop II:**  **Sleep, Mood and Pain Workshop**  Time: 14:00-17:00, 14 Sept, Friday | Venue: Queen Elizabeth Hospital | | 🞏 HK$100 | 🞏 HK$300 |
| **Total:** | |  |  |

1. *Members of the Hong Kong Pain Society who have paid up the membership fee for the year of 2012* ***before 1 June 2012****.*
2. *For Non-members: After paying the non-member registration fee, the membership fee of HKPS for 2012 can be waived if they submit the membership application together with this registration form. Please download the membership form from www.hkpainsociety.org/memberships.*

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| (C) Payment Declaration |

I would like to settle the payment of **HK$** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by Cheque (#\_\_\_\_\_\_\_\_\_\_\_)

payable to “**The Hong Kong Pain Society Limited**”.

Signature: Date:

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

1. Each registrant should complete a separate registration form. Photocopy of the registration form is acceptable.
2. Registration form 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 cancellation of registration after payment of registration fee. Name change is allowed if the Secretariat receives the written notice before **31 August 2012.**
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.