## **Registration Form**

Please complete this form below and return it with the appropriate payment to the 13th ROC Conference Secretariat c/o 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: roc2012@icc.com.hk Websites: www.oshk.org.hk / www.hkdu.org

\*Registration Deadline: 18 May 2012

Date:

Persona	l Particu	lars
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Personal Particulars					
(Please type or print in block letters and ✓	where approp	oriate)			
Title: Prof Dr Mr N	∕ırs ∐Ms	Others, please spe	cify:		
Last Name:		First Name:			
Position / Department:					
Institution:					
Address:					
Country:	ountry: Postal Code:				
Tel:	Fax:		Email:		
Registration Fee		Lo			
Registration Category		Non OSHK/HKDU	OSHK/HKDU	Overseas	
5 · .		Member	Member		
13th Regional Osteoporosis Confere	ence (26-27)	May 2012)			
On or before 18 May 2012		☐ HK\$500	☐ HK\$200	☐ US\$100	
On-site Registration or after 18 May 2	2012	☐ HK\$800	☐ HK\$300	☐ US\$140	
Hands-on Interactive Workshop on BMD Scans (26-27 May 2012)		Complimentary * Prior Registration Required			
		Preferred date: 26-May 2012; 27-May 2012; Either			
Workshop on Kyphoplasty Treatment for Vertebral Compression Fractures (26-27 May 2012)		Complimentary * Prior Registration Required			
		Preferred date: 26-May 2012; 27-May 2012; Either			
	Total:				
<ol> <li>Registrations are subject to acceptance on</li> <li>Registration forms received without paym</li> <li>Written confirmation will be sent upon rec</li> <li>In the unlikely event of cancellation of the</li> <li>Onsite registration is not encouraged. over-subscribed.</li> </ol>	ent will not be peipt of your reg Conference, th	processed. Please do not s gistration form and full payn ne only liability of the Confe	nent. rence Organisers is to refun		
Payment Declaration					
I hereby agree to be bound by the rules HK\$/US\$ by					
Cheque / Bank Draft payable to "Inter	national Conf	ference Consultants Ltd."	and sent together with the	nis Registration Form	
☐ Credit Card ☐ Visa ☐ M	asterCard				
Card Number:		E	xpiry Date (MM/YY):	=	
Name of Cardholder:					

I hereby authorize International Conference Consultants Limited (ICC Ltd.) to debit my account for the above-mentioned amount.