

Registration Form

Personal Particulars

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

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

Last Name: _____ First Name: _____

Position / Department: _____

Institution: _____

Address: _____

Country: _____ Postal Code: _____

Tel: _____ Fax: _____ Email: _____

Registration Fee

Registration Category	Local		Overseas
	Non-OSHK/HKSR Member	OSHK/HKSR Member	
12th Regional Osteoporosis Conference (21-22 May 2011)			
On or before 14 May 2011	<input type="checkbox"/> HK\$400	<input type="checkbox"/> HK\$200	<input type="checkbox"/> US\$100
On-site Registration or after 14 May 2011	<input type="checkbox"/> HK\$500	<input type="checkbox"/> HK\$300	<input type="checkbox"/> US\$110
Hands-on Interactive Workshop on BMD Scans (21-22 May 2011)	<input type="checkbox"/> Complimentary * <i>Prior Registration Required</i> Preferred date: <input type="checkbox"/> 21-May 2011; <input type="checkbox"/> 22-May 2011; <input type="checkbox"/> Either		
Total:			

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. Written confirmation will be sent upon receipt of your registration form and full payment.
4. In the unlikely event of cancellation of the Conference, the only liability of the Conference Organizers is to refund all the fees paid.
5. Onsite registration is not encouraged. Conference materials may not be provided to on-site registrants if the conference is over-subscribed.

Payment Declaration

I hereby agree to be bound by the rules and regulations of the Conference and would like to settle the registration fee of HK\$/US\$ _____ by

Cheque / Bank Draft payable to "International Conference Consultants Ltd." and sent together with this Registration Form

Credit Card Visa MasterCard

Card Number: _____ - _____ - _____ - _____ Expiry Date (MM/YY): _____ - _____

Name of Cardholder: _____

Signature: _____ Date: _____

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

Please complete this form above and return it with the appropriate payment to the 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

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Websites: www.oshk.org.hk / www.rheumatology.org.hk