

REGISTRATION FORM

Please complete the form below and return it with the appropriate payment to Ms. Veronica Cheng or Ms. Rachel Lee - PC Tours and Travel, 302, Tower A, New Mandarin Plaza, 14 Science Museum Road, Tsimshatsui East, Kowloon, Hong Kong. Tel: (852) 2734 3312 or 2734 3315 Fax: (852) 2367 3375 Email: conference@pctourshk.com

Registration Deadline: 16 May 2014

PARTICIPANT (Please type or print in block letters)

Title: (Please tick ✓) Prof Dr Mr Ms

Last Name: _____ First Name: _____

Position: _____ Department: _____

Institution: _____

Address: _____

Tel: _____ Fax: _____ Email: _____

REGISTRATION FEE

Registration Category	Local		Overseas
	Non OSHK/ HKOA Member	OSHK/HKOA Member	
15th Regional Osteoporosis Conference (24-25 May 2014)			
On or before 16 May 2014	<input type="checkbox"/> HK\$500	<input type="checkbox"/> HK\$200	<input type="checkbox"/> HK\$800
Onsite Registration or after 16 May 2014	<input type="checkbox"/> HK\$800	<input type="checkbox"/> HK\$300	<input type="checkbox"/> HK\$1,100
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 Organisers is to refund all the fees paid.
5. Onsite registration is not encouraged. Conference materials may not be provided to onsite registrants if the conference is over-subscribed.

PAYMENT (Please tick ✓ in the appropriate boxes below)

I enclose a cheque (Hong Kong local cheque) of HK\$ _____ payable to "PC TOURS AND TRAVEL"
(Cheque no. is _____)

I hereby authorise "PC TOURS AND TRAVEL" to debit my credit card for the amount of HK\$ _____

My credit card information as follows:

Visa Card

Master Card

Amount Authorised:
Card Number:
Card Holder Name:
Expiry Date (MM/YY):
Visa or Master Card - CVV Code (in print at the back side of your card):

Card Holder Signature :

Date :

Remarks: You are required to fax us Copy of Front & Back side of your Credit Card.