

**REGISTRATION FORM**

FOR OFFICIAL USE ONLY:

Amount received: HK\$ \_\_\_\_\_

Registration No.: \_\_\_\_\_

Receipt No. \_\_\_\_\_

**22<sup>ND</sup> ANNUAL SCIENTIFIC MEETING OF HONG KONG COLLEGE OF RADIOLOGISTS**

**1<sup>st</sup> – 2<sup>nd</sup> November 2014 (Saturday & Sunday)**

**Venue: Hong Kong Academy of Medicine Jockey Club Building**  
99 Wong Chuk Hang Road, Aberdeen, HKSAR, China  
香港黃竹坑道 99 號香港醫學專科學院賽馬會大樓  
[www.hkam.org.hk](http://www.hkam.org.hk)



(Each form should be used for one registration only. It can be photocopied, downloaded from <http://www.hkcr.org> or obtained from the HKCR secretariat office.)

Please return the completed registration form with payment to:  
Conference Department  
Hong Kong Academy of Medicine  
Room 808, 8/F, HKAM Jockey Club Building  
99 Wong Chuk Hang Road  
Aberdeen, Hong Kong SAR, China  
Attention: Registration Secretariat of HKCR 22<sup>nd</sup> ASM

Tel: (852) 2871 8787  
Fax: (852) 2871 8898  
Email: [HKCR@hkam.org.hk](mailto:HKCR@hkam.org.hk)  
Please visit our website for updated information:  
URL: <http://www.hkcr.org>

**I. Identification (please use block capitals)**

Title: Prof. / Dr. / Mr. / Mrs. / Ms. Status: Fellow / member of RCR / HKCR:  YES  NO

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Organization / Institute: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Facsimile: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

## II. Registration Fees & Method of Payment

Registration fees for delegates include a copy of programme book, coffee breaks and lunch(es) during the meeting period. Conference kits are for full registrants only. All bank charges must be pre-paid.

### REGISTRATION FEES FOR LOCAL/OVERSEAS DELEGATES:

	Fellows & members of RCR / HKCR	Radiographers, Medical Physicists and Nurses	Other Physicians	Students
Discounted Rate for Early Bird Registration (Before 31 <sup>st</sup> August 2014 by postage chop)	<input type="checkbox"/> HKD 1,300 / <input type="checkbox"/> USD 180	<input type="checkbox"/> HKD 1,100 / <input type="checkbox"/> USD 160	<input type="checkbox"/> HKD 1,800/ <input type="checkbox"/> USD 260	<input type="checkbox"/> HKD 700 / <input type="checkbox"/> USD 100
Full Registration (2 Days)	<input type="checkbox"/> HKD 1,800 / <input type="checkbox"/> USD 260	<input type="checkbox"/> HKD 1,400 / <input type="checkbox"/> USD 200	<input type="checkbox"/> HKD 2,400 / <input type="checkbox"/> USD 340	<input type="checkbox"/> HKD 1,000 / <input type="checkbox"/> USD 150
Day Registration (on _____ )	<input type="checkbox"/> HKD 900 / <input type="checkbox"/> USD 130	<input type="checkbox"/> HKD 700 / <input type="checkbox"/> USD 100	<input type="checkbox"/> HKD 1,200 / <input type="checkbox"/> USD 170	<input type="checkbox"/> HKD 500 / <input type="checkbox"/> USD 75
Dinner of the Colleges on 1 <sup>st</sup> November 2014	HKD 300 / <input type="checkbox"/> USD 50 (Please indicate any special dietary requirements: _____ )			

(The registration fees in USD as quoted above **include** bank charges for USD bank drafts.)

### METHOD OF PAYMENT:

- Cheque in Hong Kong Dollars (HKD)** made payable to "HONG KONG ACADEMY OF MEDICINE" enclosed. For overseas delegates, personal cheques are not accepted.
- Bank Draft in US Dollars (USD)** made payable to "HONG KONG ACADEMY OF MEDICINE" enclosed.
- Payment by Credit Card in Hong Kong Dollars (HKD) for overseas delegates only.** The following credit cards are accepted: VISA, MASTERCARD.

Please charge the total amount above to the following credit card:  Visa  MasterCard

Cardholder Name: \_\_\_\_\_

Credit Card No.: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ ( mm / yy )

Cardholder

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Your registration will not be processed or confirmed if payment is not forwarded with this form.**

## III. CME/CPD Accreditation

**The 2-day meeting is accredited by Hong Kong College of Radiologists for 12 (Cat. A) CME/CPD Credit Points.  
[6.5 points for 1<sup>st</sup> November 2014 and 5.5 points for 2<sup>nd</sup> November 2014]**

CME/CPD credit points from The Royal College of Radiologists, other Colleges of the Hong Kong Academy of Medicine, MCHK CME Programme and Radiographers Board of Hong Kong are under application.

**Please remember to register for your CME/CPD points on both days of the meeting.** Programme may be subject to changes.

## IV. Personal Data (Privacy) Ordinance

Your name and institute will be included in the list of participants, which may be distributed to delegates, speakers, sponsoring companies and other parties involved in this event and also for our College's future scientific activities. Please tick box if you do not agree.

I **would not** like my name to be included in the list of participants.

## V. Cancellation Policy

In the event of cancellation, a refund of the total registration fee paid (minus a 25% administration fee) will be made, on provision of a **written notice received by the Secretariat on or before 26<sup>th</sup> September 2014**. After this date, no refund can be made for cancellation. Please note that all refunds will be issued only after the meeting. In case of cancellation due to bad weather or other uncontrollable factors, no refund will be entertained.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_