



Registration Form

FOR OVERSEAS PARTICIPANTS

(for official use)

*(Please complete in **BLOCK** letters and return with **payment** to the Honorary Treasurer)*

Title (): Prof. Dr. Mr. Mrs. Ms.

Family Name: _____ First Name: _____

Chinese Name (if applicable) _____ Sex: Male Female

Occupation: Doctor Paediatric trainee § Nurse Others: _____

Mailing address: _____

City: _____ State: _____ Postcode: _____ Country: _____

Department: _____

Hospital / Institution: _____

Telephone: _____ Fax: _____

E-mail: _____

§ Endorsement letter from Department Head is needed in support of application as trainee

Registration Fee

Category	Full course	Day registration (per day)
Overseas Participants		
Doctor	USD 120 / HKD 900	USD 65 / HKD 500
Trainee / Nurse	USD 80 / HKD 600	USD 45 / HKD 350
Onsite Registration	USD 150 / HKD 1100	USD 80 / HKD 600
* Please register before 31 st July 2006. All registration will be accepted and confirmed before 15 th August 2006 by mailing upon receipt of full payment. Only onsite registration is allowed after the deadline.		

Please tick your type of registration and fill in amount:

Full Day ☞ 23 Aug 06 24 Aug 06

Total Fees: USD _____ / HKD _____

Payment

Enclose a bank draft* of USD _____ / HKD _____ made payable to "**HONG KONG PAEDIATRIC NEPHROLOGY SOCIETY**" and mail to the Honorary Treasurer with the completed registration form before **31st July 2006**. An official receipt will be issued.

*issued by a bank having a branch office in Hong Kong for crediting payment

Honorary Treasurer: **Dr. Wai Ming LAI, Honorary Treasurer**
Paediatric Dialysis and Transplantation Course
c/o Department of Paediatric and Adolescent Medicine
Princess Margaret Hospital, Lai King Hill Road, Kowloon, Hong Kong

Contact for enquires: tongpc@yahoo.com