

30th Anniversary of HK Society of Nuclear Medicine and Molecular Imaging Nuclear Medicine - From Organs to Molecules

29 November 2015 (Sunday)

Venue: Hyatt Regency Hong Kong, Tsim Sha Tsui

REGISTRATION FORM

Please complete the form below and return it with the appropriate payment to **Symposium Secretariat:**
c/o International Conference Consultants Ltd.

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: hksnmimi@icc.com.hk Website: www.hksnmimi.org

(A) PERSONAL INFORMATION

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

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

Family Name: _____ First Name: _____

Position & Department: _____

Institution: _____

Address: _____

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

Tel: _____ Fax: _____ Email: _____

(B) REGISTRATION FEE

*For half-day registration: please indicate either morning session (10:00-12:40) or afternoon session (14:00-16:30).
Lunch is not included for half-day registration.*

Category	Member Rate *		Non-member Rate	
	Full Day	Half-day	Full Day	Half-day
Medical Practitioners	<input type="checkbox"/> HK\$1,200	HK\$750 <input type="checkbox"/> morning session <input type="checkbox"/> afternoon session	<input type="checkbox"/> HK\$1,500	HK\$1,000 <input type="checkbox"/> morning session <input type="checkbox"/> afternoon session
Allied Health Professionals	<input type="checkbox"/> HK\$750	HK\$500 <input type="checkbox"/> morning session <input type="checkbox"/> afternoon session	<input type="checkbox"/> HK\$900	HK\$600 <input type="checkbox"/> morning session <input type="checkbox"/> afternoon session

* Members of the Hong Kong Society of Nuclear Medicine and Molecular Imaging

(C) PAYMENT DECLARATION

I would like to settle the payment of **HK\$** _____ (in Hong Kong dollars only) by

Cheque payable to "Hong Kong Society of Nuclear Medicine and Molecular Imaging"

Credit Card: Visa MasterCard

I hereby authorize Symposium Secretariat, International Conference Consultants Limited (ICC Ltd.), to debit the above-mentioned amount from my card.

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

Name _____ of _____ Cardholder: _____

Signature: _____ Date: _____

I hereby agree to be bound by the rules and regulations of symposium.

1. Each registrant should complete a separate registration form. Photocopy of the registration form is acceptable.
2. Registration form without payment will NOT be processed. Please do NOT send cash.
3. Secretariat will send a letter of confirmation by email upon receipt of your registration form and full payment. Kindly check all the listed items. Any changes or alterations must be made in writing to the Secretariat.
4. No refund for cancellation of registration after payment of registration fee..
5. The programme is subject to change without prior notice. In the event of cancellation of the Symposium, the only liability of the Organizers is to refund all the registration fees paid.