REGISTRATION FORM
(Complimentary for Members of the Hong Kong Society of Digestive Endoscopy)

One registration form must be completed for each participant. Please print or write legibly. Please ✓ the appropriate boxes. (First come, first served for the first 50 members)

Personal Information

Title:  □ Professor  □ Dr.  □ Mr.  □ Ms.

Last Name:  First Name:

Job Title:

Department:

Organization:

Address:

Country:  E-mail:

Tel: (     )  Mobile: (     )  Fax: (     )

Category  Pre-registration
(on or before 26 May 2013)

Physician / Surgeon  Fee waived

Allied Health Professional  Fee waived

Signature: _____________________________________________  Date: ______________________________________________________

Please mail or fax the completed form to the Secretariat before 26 May 2013:

IDD Forum 2013 Secretariat
UBM Medica Pacific Limited
27/F., OTB Building, 160 Gloucester Road, Wanchai, Hong Kong
Fax: (852) 2559 6910
E-mail: registration@iddforum.com