6 – 7 June 2015 • HONG KONG

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.
First Name: Last Name:
Job Title:
Department:
Organization:
Address:
Country: E-mail:
Tel: ( ) Mobile: ( ) Fax: ( )

Category
Pre-registration (on or before 1 May 2015)
Physician / Surgeon Fee waived
Allied Health Professional Fee waived

Signature: __________________________ Date: __________________________

Remarks:

Please mail or fax the completed form to the Secretariat before 1 May 2015:

IDDF 2015 Secretariat
MIMS (Hong Kong) Limited
27/F., OTB Building, 160 Gloucester Road, Wanchai, Hong Kong
Fax: (852) 2559 6910
E-mail: registration@iddforum.com / agnes.ku@mims.com