

Supporting Organisation

International Minimally Invasive Surgery Conference (i-MISC)
17-18 March 2017, Hong Kong

Registration Form

Please complete and return the form by one of the following methods by 3 March 2017.

Mail : CUHK Jockey Club Minimally Invasive Surgical Skills Centre
3/F, Li Ka Shing Specialist Clinic (North Wing)
Prince of Wales Hospital, Shatin, Hong Kong

Email : phoebeman@surgery.cuhk.edu.hk

Fax : (852) 2632 4708

Participant Information		
Title: <input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms (please ✓ the appropriate box)		
Surname:	Given Name:	
Position:		
Institution:		
Mailing Address:		
Country / Region:		
Tel (office hours):	Mobile:	Fax:
Email :		
Registration Category: Main Programme Only (17 to 18 March 2017)		
Related Society / Association(s) :		

Notes:

1. One registration form must be completed for each attendee. Please print or write legibly. Illegible information may result in processing delay of your registration.
2. Registration confirmation will be issued by email for successful application of the conference.
3. The organiser will bear no liability for personal injuries sustained by, or for loss or damage of property belonging to delegates, either during or as a result of all conference activities. Delegates are advised to arrange their own personal health, accident and travel insurance.

Signature: _____

Date: _____

