

 **International Workshop on  
Therapeutic Endoscopy**

**HONG KONG 7th-9th December 2010**

Shaw Auditorium, School of Public Health Building, Prince of Wales Hospital, Shatin, NT, Hong Kong

**Registration Form**

*Hong Kong Delegate*  
(For one participant ONLY)

**PLEASE NOTE: Type or print in BLOCK LETTERS**

Title: Prof./Dr./Mr./Mrs./Miss

Name: \_\_\_\_\_  
(First Name) (Surname)

Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Please ✓ the appropriate category**

- |   |   |   |
|---|---|---|
| Practicing Doctors  | <input type="checkbox"/> HKSDE Member HK\$1,000 | <input type="checkbox"/> Non-Member HK\$2,000 |
| ★Medical Trainees   | <input type="checkbox"/> HK\$1,000              |   |
| Practicing Nurses<br>(Copy of nursing certificate required) | <input type="checkbox"/> HK\$500                |   |

**★To be filled out by supervisor of Medical Trainee**

Training Organization \_\_\_\_\_

Address (if different from the above) \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payment** should be made in a cheque payable to **“Hong Kong Society of Digestive Endoscopy Ltd”** and should accompany each registration form.

Please send form and cheque to:

Dr. James Lau  
Endoscopy Centre, Prince of Wales Hospital,  
Shatin, N.T., Hong Kong  
Tel: (852) 2632 2233 Fax: (852) 2635 0075

**Cancellation and Refund Policy**

All cancellations must be made in writing and addressed to the Organizing Committee. Cancellations received by the Organizing Committee before 1<sup>st</sup> November 2010 will receive a 80% refund of fees paid. No refunds can be made thereafter. All refunds will be made after the Workshop.