REGISTRATION FORM

FOR OFFICIAL USE ONLY:		
Amount received: HK\$	Registration No.:	Receipt No

JOINT COLLEGIATE SCIENTIFIC MEETING

7th – 8th December 2014 (Sunday & Monday)

Venue: Hong Kong Academy of Medicine Jockey Club Building 99 Wong Chuk Hang Road, Aberdeen, HKSAR, China 香港黃竹坑道 99 號香港醫學專科學院賽馬會大樓

http://www.hkam.org.hk



Please return the completed registration form with payment to:

Registration Secretariat C/o Swire Travel Ltd. Destinations & Events Management 6/F, Cambridge House, Taikoo Place 979 King's Road, Quarry Bay Hong Kong SAR, China

Attention: Toby Chui (Mr)

Tel: (852) 3151 8819 or 3151 8822

Fax: (852) 2590 0099

Email: jcsm2014@swiretravel.com

I. Identification (please use block capitals)		
Salutation : Prof. / Dr. / Mr. / Mrs. / Ms.	Status: Fellow / Members / Trainees : YES NO	
Last Name:	First Name:	
Gender:	Academic Title:	
Organization / Institute:		
Address:		
	Country:	
Telephone: ()	Facsimile: ()	
E-mail address:		

II. Registration Fees & Method of Payment

Registration fees for delegates include a copy of programme book, coffee breaks and lunch during the meeting period.

REGISTRATION FEES FOR LOCAL/OVERSEAS DELEGATES:

	Fellows / Members / Trainees	Non Fellows	Undergraduate Students
2 Days (Early Bird : on or before 30 September 2014)	☐ HKD 1,500	☐ HKD 1,800	☐ HKD 1,000
2 Days (Regular Rate)	☐ HKD 1,700	☐ HKD 2,000	☐ HKD 1,200
Day Pass (on)	☐ HKD 900	☐ HKD 1,100	☐ HKD 600
On-site one day	☐ HKD 1,500	☐ HKD 1,500	☐ HKD 1,500

METHOD OF PAYMENT: □ Local Cheque in Hong Kong Dollars (HKD) made payable to "SWIRE TRAVEL LTD." enclosed. Please indicate name of registrant on back of cheque and send it to JCSM Conference Secretariat, 6/F Cambridge House, TaiKoo Place, 979 King's Road, Hong ☐ Bank Transfer (bank charges to be borne by remitter) with bank details as below : Bank: HSBC (address: No 1 Queen's Road, Central, Hong Kong) Account name: Swire Travel Ltd. Account number: 111-016275-002 Bank code: 004 Swift code: HSBCHKHHHKH Remittance details: JCSM2014 Payment by Credit Card in Hong Kong Dollars (HKD). The following credit cards are accepted: VISA, MASTERCARD or AMEX CARD. Please charge registration fees to my: Visa MasterCard AMEX Card Cardholder Name: Credit Card No.: Expiry Date: (mm/yy) Signature: III. CME/CPD Credits The College of Dental Surgeons of Hong Kong (Cat. A) AM session: 3 CME points 7 December, 2014 PM session: 3 CME points AM session: 3 CME points 8 December, 2014 PM session: 3 CME points The Dental Council of Hong Kong AM session: 3 CPD points 7 December, 2014 PM session: 3 CPD points AM session: 3 CPD points 8 December, 2014 PM session: 3 CPD points Please remember to register for your CME/CPD points on both days of the meeting. IV. Cancellation Policy All cancellations of JCSM Registration must be submitted to Registration Secretariat in writing. Please note the following cancellation charges are applicable. Cancellation received before 7 October 2014 will incur NO charge. Cancellation received on or after 7 October 2014 will incur a cancellation fee of 50% of the Registration Fee. Cancellation received on or after 21 October 2014 will incur a cancellation fee of 100% of the Registration Fee. No request for refunds will be entertained in the event a Participant is unable to attend the JCSM for any reason whatsoever on or after 21 October 2014.

Date: _____

Signature: