Registration

CONFERENCE REGISTRATION (26 - 27 November 2011)

Physicians

❑ HK$1,800 ❑ HK$2,400 *(register after 15 October 2011)*

Trainees, sonographers and nurses

❑ HK$1,200 ❑ HK$1,600 *(register after 15 October 2011)*

Overseas Participants

❑ US$250 ❑ US$320 *(register after 15 October 2011)*

* Lunches & coffee breaks are provided.

HANDS-ON WORKSHOP REGISTRATION (24 - 25 November 2011)

Workshop I Only (Lecture, 24 November 2011 pm)

Local Participants

❑ HK$600 ❑ HK$800 *(register after 15 October 2011)*

Overseas Participants

❑ US$90 ❑ US$120 *(register after 15 October 2011)*

Workshop I & II (Lecture & Bedside Hands-on, 24 November 2011 pm & 25 November 2011 am)

Local Participants

❑ HK$1,800 ❑ HK$2,400 *(register after 15 October 2011)*

Overseas Participants

❑ US$250 ❑ US$320 *(register after 15 October 2011)*

Important Notes:

- Attendees of Workshop II (limited to 150 in number) are required to register in both Workshop I and main conference.
- Due to limited capacity, workshop registration is on a first-come-first-served basis.

* Coffee break(s) are provided.

Title (please ✓)	❑ Prof.	❑ Dr.	❑ Mr.	❑ Mrs.	❑ Ms.
First Name:			Last Name:		
Institution / Private Practice:					
Address:					
Country:			Postal Code:		
Telephone No.: (Country / Area Code)			Fax No.: (Country / Area Code)		
Mobile No:			Email:		
Signature:			Date:		

Payment Method

Please ✓ at appropriate boxes:

❑ I hereby enclosed a local Hong Kong cheque (No. _____ /Bank: _____)
made payable to **"Hospital Authority - Ruttonjee Hospital"**

❑ I hereby enclosed a bank draft (No. _____ /Bank: _____)
made payable to **"Hospital Authority - Ruttonjee Hospital"**

❑ I hereby authorize **"Hospital Authority - Ruttonjee Hospital"** to charge my credit card for my payment to 8th Echo Hong Kong:

❑ Visa ❑ MasterCard Security Code (The last 3 - digit shown on the back of your credit card): _____

Cardholder's Name: _____

Credit Card No: | | | | | | | | | | | | | | | | |

Expiry Date: _____ (m) / _____ (y)

Total Amount: _____ Signature: _____

How do you know the Conference?

❑ Referral ❑ Direct Mailing ❑ Email Promotion ❑ Echo HK Website ❑ Attended before ❑ Others : _____ (Please specify)

Please mail the completed form with payment to:

8th ECHO HONG KONG

Global Event Management, Suite 305, Hang Seng Building, No. 200 Hennessy Road, Wanchai, Hong Kong

For credit card payment, please fax the completed form to conference secretariat, (852) 2294 4489

Notes:

- Participants of the program are entitled to CME / CNE / CPE accreditation.
- Certificate of attendance will be issued at completion of the program.
- Official Letter of Invitation will be sent upon request to facilitate participant's travel and visa arrangement.
- Please contact Conference Secretariat for assistance in hotel / tour reservation.
- 50% of the registration fee may be refunded upon written confirmation of cancellation received before 30 October 2011 and payment is non-refundable thereafter.
- Exchange Rate USD 1 = HKD 7.8

For enquiry and registration:

Conference Secretariat: Ms Louisa Chiu / Ms Lynn Lam / Ms Queenie Wong, Global Event Management
Suite 305, Hang Seng Building, No. 200 Hennessy Road, Wanchai, Hong Kong Tel: (852) 2294 4468 Fax: (852) 2294 4489 Email: info@echohongkong.com

Program Secretary: Ms Corina Wong, Ruttonjee & Tang Shiu Kin Hospitals
266 Queen's Road East, Wanchai, Hong Kong Tel: (852) 2291 1336 Fax: (852) 2291 1335