



香港傳染病醫學會

THE HONG KONG SOCIETY FOR INFECTIOUS DISEASES

Sixteenth Annual Scientific Meeting

Registration Form for HKSID Member*

Date: 10 March 2012 (Saturday)
Time: 13:15 – 19:00 (meeting only)
13:15 – 21:00 (including dinner)
Venue: Jade Ballroom, 2/F., Eaton Smart, Hong Kong
380 Nathan Road, Jordan, Kowloon

Name: Professor / Dr. / Mr. / Ms. _____
(Please use block letter)

Department: _____

Hospital / Clinic: _____

Address: _____

Tel: _____ Fax: _____

E-mail: _____

Registration:

- I am the HKSID member*. I will join the meeting and stay for the dinner.
- I am the HKSID member*. I will join the meeting only.

**Membership must be valid for Year 2012. Membership will be verified before the registration is being processed.*

Please complete the registration form and return it to the meeting secretariat **on or before 29 February 2012.**

Meeting Secretariat: Ms. Chloe Wong, UBM Medica Pacific Limited
27/F., OTB Building, 160 Gloucester Road, Wanchai, Hong Kong
Tel: 2155 8557 or 3153 4374 Fax: 2559 6910 E-mail: meeting.hk@ubm.com