Registration Form

Title: □ Prof. □ Dr. □ Mr. □ Ms. □ Mrs. (please ✓as appropriate)
Profession: Doctor Nurse Allied Health: Others:
Last Name: First Name:
Job Title:
Department:
Institution:
Mailing Address:
Mobile Number: Email:
CME/CNE Accreditations: (please √as appropriate)
Hong Kong College of Community Medicine The Hong Kong College of Family Physicians
(HKCFP No.:)
The Hong Kong College of Obstetricians and Gynaecologists The College of Ophthalmologists of Hong Kong
Hong Kong College of Orthopaedic Surgeons Hong Kong College of Paediatricians
The Hong Kong College of Pathologists Hong Kong College of Physicians
Hong Kong College of Radiologists The College of Surgeons of Hong Kong
MCHK Programme (MCHK Reg. No.:)
(for non-specialist) (HKMA Member No :) (HKDU Member No .:) (HKAM: Y / N) (DH: Y / N)
(HKAM: Y / N) (DH: Y / N) CNE (HA Hong Kong West Cluster) Not applicable
(HA Employee ID No.: & CORP No.:)
Attendance Preferences:
If you wish to attend physically, please \checkmark as appropriate. We will update you the availabilities at a later stage.
29 Oct (Sat) 30 Oct (Sun)
Registration Fee: Early Bird Rate Doctor ···· HK\$1,400 Nurse / Allied Health Professional / Others ···· HK\$700 (Until 31 Aug)
Regular Rate Doctor · · · · · HK\$1,800 Nurse / Allied Health Professional / Others · · · · · HK\$900 Sep – 15 Oct)

Please complete this form and return it with a crossed cheque of appropriate fee made payable to "The University of Hong Kong" to the Meeting Secretariat:

EDM HK 2022 Meeting Secretariat: MIMS (Hong Kong) Ltd.

37/F., Citicorp Centre, 18 Whitfield Road, Causeway Bay, Hong Kong

^{*} All registration fees paid are non-refundable.

^{*} Registration will be closed on 15 Oct 2022.