



Registration Form



2013 Spring Scientific Meeting

26 May 2013 (Sunday), 0900 - 1700

Lecture Theatre I, 1/F, Prince Philip Dental Hospital
34 Hospital Road, Sai Ying Pun, Hong Kong

Deadline for Registration: 16 May 2013

(On-site registration is subject to availability)

Please select the appropriate category:

<u>Category</u>	<u>Amount</u> <u>(HK\$)</u>
<input type="checkbox"/> CDSHK Fellows <i>Fellows will need to send in their cheques for registration on or before <u>16 May 2013</u>. Cheques will be returned on completion of the course (26 May 2013).</i>	600
<input type="checkbox"/> CDSHK Members/Trainees* (*Please delete as appropriate) <i>Members/Trainees will need to send in their cheques for registration on or before <u>16 May 2013</u>. Cheques will be returned on completion of the course (26 May 2013).</i>	200
<input type="checkbox"/> Non-CDSHK Fellows / General Dental Practitioners	700
<input type="checkbox"/> Students / Auxiliary Staff	300

Remarks:

- ◆ Signing in for both AM and PM sessions are required. CME/CPD points will be counted on the basis of signed-in records.
- ◆ Coffee breaks are included
- ◆ Lunch is not included
- ◆ Limited car parking spaces, first-come-first-serve.

Name (in BLOCK letters please) :

_____ (Last Name)

_____ (First Name)

Address: _____

Phone: _____

Fax: _____

Email: _____

Method of Payment:

Please send cheque made payable to "The College of Dental Surgeons of Hong Kong"

Cheque No. : _____

Bank: _____

and return to **College Secretariat, Room 902, HKAM Jockey Club Building,
99 Wong Chuk Hang Road, Aberdeen, Hong Kong.**

For enquiries: Tel: (852) 2871 8866, Fax: (852) 2873 6731, Email: info@cdshk.org

Note: If written cancellation is received on or before 3 May 2013, 50% of the registration fee will be refunded. There will be no refund for cancellation after this date. All refunds will be made within one month after the meeting.