The 11th Annual Scientific Symposium of the Hong Kong Cancer Institute  
“Combined Modality Management of Malignancies of Head & Neck and Chest”  
Saturday 14th – Sunday 15th January 2006  
Postgraduate Education Centre, Prince of Wales Hospital  
Hong Kong SAR, China

Registration Form
One form for each delegate please

Please print or type

INFORMATION:

Surname: ...........................................  Given Name: ...........................................

Title:  □ Prof.  □ Dr  □ Mr  □ Ms  □ Miss

Department: .....................................................................................................................

Institution: .......................................................................................................................

Mailing Address: ...........................................................................................................

...........................................................................................................................................

Country: ........................................

Telephone No.: ......................... Fax No. : ........................................... *Email: ........................................

*Please write your email address clearly as the Secretariat will communicate with delegates mainly via email

REGISTRATION:  *Please tick the appropriate box

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<th>Local delegates</th>
<th>Overseas delegates</th>
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<td>Full Registration</td>
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<td>HK$1,000</td>
<td>US$200</td>
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<th>Local delegates</th>
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<td>Trainees/Students:</td>
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<td>HK$300</td>
<td>US$50</td>
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Registration fee details:
Full registration fee includes the attendance of the whole meeting & refreshments during the conference.

Trainee/Student fee includes attendance of the whole meeting & refreshments during the conference. An accompanying letter confirming the status from the Supervisor is needed.
GALA DINNER at Hong Kong Country Club:

Gala Dinner will be held at Hong Kong Country Club on the evening of Saturday, 14th January 2006.

♦ For Full registrants; Students/Trainees; One day registrants:

☐ I am ABLE to attend the Gala Dinner (US$35/HK$250 per person)

☐ I am NOT able to attend the Gala Dinner

PAYMENT DUE:
Registration Fee: ........................................... Gala Dinner: ............................................

TOTAL PAYMENT: ........................................... (US$1 = HK$7.8)

METHOD OF PAYMENT:

☐ Bank draft for US$ ..................... made out to “The Chinese University of Hong Kong”

☐ Personal cheque for Hong Kong residents made out to “The Chinese University of Hong Kong” for HK$.................

☐ Please debit my credit card: Card type (Visa or Mastercard only; American Express not acceptable)
   Amount US$/HK$*................................. (Approximate Exchange rate: US$1 = HK$7.8)
   Card number ........................................... Expiry date..............................................
   Cardholder’s name..................................... Cardholder’s signature...................................

ABSTRACT

☐ I would submit an abstract for the Poster Session
   Title of Abstract: ___________________________________________

☐ I would not submit an abstract for the Poster Session

CANCELLATION

Notification of cancellation must be made in writing and sent to the Secretariat. For cancellation on or before 30th November 2005, 50% of the registration fee will be refunded. No refund will be made for cancellation after 30th November 2005.

REGISTRATION FORM WITH PAYMENT TO:

Miss Nicole Ngan
G07, G/F, Sir Y.K. Pao Centre for Cancer
The Chinese University of Hong Kong
Prince of Wales Hospital
Shatin, Hong Kong SAR, China

Email: conference2006@clo.cuhk.edu.hk
Fax No.: (852) 2632 5816