

Challenges in Pharmacovigilance and Drug Safety

Registration No:

Date Received:

19 March 2012 | Kai Chong Tong • Postgraduate Education Centre
Prince of Wales Hospital • HONG KONG

REGISTRATION FORM

Please use block letters and '√' where appropriate – ONE form per person. (*Please complete all sections*)

Title Prof Dr Mr Ms

Surname Given Name

Name of Institution / Organization

Hospital / Department / Unit

Position

Mailing Address

City, State

Country

Telephone No. (country / area code)

Fax No. (country / area code)

E-mail

Registration	Early-bird Rate (On/Before 29 Feb 2012)	Normal Rate (After 29 Feb 2012)
Delegates from Hong Kong SAR		
Standard fee	HKD 600 <input type="checkbox"/>	HKD 900 <input type="checkbox"/>
Reduced fee for DH and HA staff and academia	HKD 500 <input type="checkbox"/>	HKD 750 <input type="checkbox"/>
Reduced fee for undergraduate* & full-time postgraduate students*	HKD 250 <input type="checkbox"/>	HKD 350 <input type="checkbox"/>
Delegates from Outside Hong Kong SAR		
Standard fee	HKD 900 <input type="checkbox"/>	HKD 1,350 <input type="checkbox"/>
I enclose a cheque in the amount of HKD _____ (cheque no. _____) payable to " The Chinese University of Hong Kong "		
Signature _____		Date _____

*Undergraduate and full-time postgraduate students must provide the following information of their supervisor :

Name of supervisor and title

Supervisor signature

E-mail

Tel

Please send the completed form with payment to: **Ms. Maggie Lee**

Department of Medicine and Therapeutics, The Chinese University of Hong Kong, Prince of Wales Hospital, Shatin, N.T., HONG KONG