



香港醫務化驗學會有限公司
Hong Kong Institute of Medical Laboratory Sciences Ltd.
Formerly Hong Kong Medical Technology Association (Founded 1966)
GPO Box 2722, Hong Kong.
c/o The Federation of Medical Societies of Hong Kong
4th Floor, Duke of Windsor Social Service Building, 15, Hennessy Road, Hong Kong.

Symposium Registration

Neutrophil VCS Parameters: New Indicators for Acute Bacterial Infection

Date: Wednesday, 16th August 2006
Time: 7:00 pm – 8:00 pm (Reception will start at 6: 30 pm)
Venue: Ballroom I & II, Level 7, Langham Place Hotel
555 Shanghai Street, Mongkok, Kowloon

Name: _____ **HKIMLS Membership:** Yes / No
HKMLT Board # _____ *(For issue of Certificate of Attendance)*
Phone: _____ **Fax :** _____
Address: _____

Dear Madam/Sir,

- ☐ I am a HKIMLS member # _____ and shall attend the lecture only.
☐ I am a HKIMLS member # _____ and shall attend the lecture and the buffet dinner.
☐ I am not a HKIMLS member. I shall attend the lecture only.
☐ I am not a HKIMLS member. I shall attend the lecture and the buffet dinner.
Here comes the cheque no. _____ drawn at Bank _____
of HK\$300 made payable to “Hong Kong Institute of Medical Laboratory Sciences Ltd”.

Signature: _____ **Date:** _____

Please fax the registration form to 2873 1270 for the attention Ms Elaine Fung before Thursday, 10th August, 2006.

For non-members, please mail cheque together with a copy of the faxed form to GPO Box 2722, Hong Kong before Thursday, 10th August, 2006.

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For Official use Only

Lecture Only: ☐ Reserved ☐ Regretted
Lecture and Dinner: ☐ Reserved ☐ Regretted