



Registration Form

2009 Hepatitis Symposium

Date: Thursday, 19th March, 2009

Time: 6:15 pm – 8:20 pm
(Registration and Reception will start at 6:15 pm)

Venue: Meeting Room 401 at Old Wings,
Hong Kong Convention and Exhibition Centre,
1 Harbour Road, Wanchai, Hong Kong.

Name: _____ HKIMLS Member ☐

HKAML Member ☐

HKMLT Board Reg. No. _____ (For issue of Certificate of Attendance)

Phone: _____ Fax: _____

Address: _____

☐ I am a HKIMLS/ HKAML member # _____

☐ I am not a HKIMLS/ HKAML member.

☐ I shall attend the lecture only.

☐ I shall attend the lecture and dinner thereafter (Dinner to be on first come first serve base).

Signature: _____ **Date:** _____

Please fax the registration form to (852) 2806 1389 before Thursday, 12th March 2009.

For Official use ONLY

Lecture: ☐ Reserved ☐ Regretted

Dinner: ☐ Reserved ☐ Regretted