



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)

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Registration Form

Registration for Clinical Flow Cytometry Symposium 2014

Date: Saturday, 7th June 2014

Time: 11:00 am - 17:30 pm (Registration starts at 10:30 am)

Venue: Room I-VI, 27/F., Park Lane Hotel

310 Gloucester Road, Causeway Bay, Hong Kong

Name (Dr./Mr./Miss/Mrs) : _____

HKIMLS Membership # _____ HKMLT Board # _____

Phone: _____ Email (For confirmation): _____

Hospital / Institution: _____

Department: _____

Please check the section(s) to attended :

☐ Seminar only ☐ Seminar & Lunch ☐ Shuttle Bus (from Mongkok)

Remarks:

1. Please complete the form and either fax to 2873 1270 or email to tfau@beckman.com. An email will be sent to you to confirm the registration.
2. Members are strongly recommended to submit their registration in advance. On-site registration will be subjected to availability and may not be entertained.
3. Registration deadline is **5 June 2014**.
4. If you have any query, please feel free to contact:
 - Mr. Au Tat Fung Tel: 6370 8837 email : tfau@beckman.com
 - Ms Monica Wan Tel: 9102 6306 email : wwan@beckman.com

Signature: _____ Date: _____



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