



CONFERENCE ON MEDICAL LABORATORY BIOSAFETY

30 May 2004 (Sunday) at the Novotel Century Hotel, Hong Kong

Corresponding Address:

Miss Doris CHUNG, Hon Secretary, c/o 2/F., 2 Kwong Lee Road, Cheung Sha Wan, Kowloon

Major Conference Sponsor: Honeyclave Medical Ltd.

The Institute of Biomedical Science, Hong Kong Branch The Hong Kong College of Pathologists The Hong Kong Institute of Medical Laboratory Sciences Limited The Hong Kong Polytechnic University: • Biomedical Science Section, School of Nursing • Department of Applied Biology and Chemical Technology The Hong Kong Society for Microbiology and Infection The Hong Kong Society for Molecular Diagnostic Sciences The School of Professional and Continuing Education, The University of Hong Kong The Hong Kong Association of Medical Laboratories Limited The Hong Kong Biomedical Scientists Association The Hong Kong Medical Technicians and Technologists Branch of the HKCCSA	Chairperson of Organizing Committee: Mr. WK CHAN c/o 3/F., 2 Kwong Lee Road, Cheung Sha Wan, Kowloon, Hong Kong E-mail: wkchan@vol.net <i>Tel:</i> 2360 5479 <i>Fax:</i> 2729 1440
	Hon. Secretary: Miss Doris CHUNG c/o 2/F., 2 Kwong Lee Road, Cheung Sha Wan, Kowloon, Hong Kong E-mail: doris_sk@hotmail.com <i>Tel:</i> 2725 4101 <i>Fax:</i> 2929 1440
	Chairperson of Scientific Committee: Dr. WC YAM E-mail: wcyam@hkucc.hku.hk <i>Tel:</i> 2855 4821 <i>Fax:</i> 2855 1241

REGISTRATION FORM

Name	Chinese Name	Institution / Hospital / Company
Laboratory/Specialty:		Position:
Membership: <input type="checkbox"/> IBMS; <input type="checkbox"/> HKIMLS; <input type="checkbox"/> HKSMDS; <input type="checkbox"/> HKSMI; <input type="checkbox"/> HKCPATH; <input type="checkbox"/> Other Professional Colleges: _____		
Registered MLT: <input type="checkbox"/> Part I Registrant <input type="checkbox"/> Part II Registrant <input type="checkbox"/> Part III Registrant		
<input type="checkbox"/> HKBSA; <input type="checkbox"/> MTTB HKCCSA; <input type="checkbox"/> HKAML; <input type="checkbox"/> University (please specify): _____		
<input type="checkbox"/> Other professional institution (please specify): _____		
Contact Telephone:	Fax:	E-mail:
Corresponding Address:		

Signature:	Date submitted:	For official use Date and Time received:

Notes:

- Registration Form and other forms may be downloaded from <http://www.hkimls.org/>; <http://www.hksmds.org/> or requested by e-mail to wkchan@vol.net.
- Seats are limited. Registration must be early as reservation of seats is on first-come-first-served basis.
- You must submit your Registration Form to the Secretary by fax: 2729 1440 or e-mail: wkchan@vol.net before 25 May 2004.
- For enquiries, please contact the above person(s) at the corresponding telephone number(s) or e-mail(s).