

HONG KONG PHARMACY CONFERENCE 2011

Registration Form (Please complete in BLOCK LETTERS and tick \checkmark as appropriate.)

Personal Particulars

Title: Prof. Dr Mr Ms Mrs # Surname: _____ # Given Name: _____

Correspondence Address: _____

Contact Tel. No.: _____ Fax No.: _____ # E-mail Address: _____

Working Sector: Community Education Government Hospital Industry Student Others

Company Name: _____

Office Address: _____

Membership:

The Pharmaceutical Society of Hong Kong (PSHK) Membership No.: _____

The Society of Hospital Pharmacists of Hong Kong (SHPHK) Membership No.: _____

The Practising Pharmacists Association of Hong Kong (PPA) Membership No.: _____

compulsory

Registration Fee

		Standard Fee	Early-Bird* (before 1 st January 2011)
Full Registration	Member (PSHK / SHPHK / PPA)	<input type="checkbox"/> HK\$ 1,100	<input type="checkbox"/> HK\$ 900
	Non-member	<input type="checkbox"/> HK\$ 1,300	<input type="checkbox"/> HK\$ 1,100
Partial Registration	Day 1 lectures only	<input type="checkbox"/> HK\$ 400	
	Day 2 lectures only (includes Day 2 lunch symposium)	<input type="checkbox"/> HK\$ 550	
	Day 1 and Day 2 lectures only (includes Day 2 lunch symposium)	<input type="checkbox"/> HK\$ 800	<input type="checkbox"/> HK\$ 600
	Conference dinner only	<input type="checkbox"/> HK\$ 800	
Special Offer †	Day 1 and Day 2 lectures only (includes Day 2 lunch symposium)	<input type="checkbox"/> HK\$ 300	
		Affiliation (please indicate): _____	
ASP Sponsored Candidates ‡	Full registration	<input type="checkbox"/> Free	

* To receive the early-bird discount, the registration form received must be postmarked before **1st January 2011**.

† Only for *LOCAL* registrants who are undergraduates majoring in Pharmacy, Medicine, Nursing or Chinese Medicine; students of Higher Diploma in Pharmaceutical Technology (IVE); pharmacy interns; members of the Pharmaceutical Staff Association (PSA); members of the Hong Kong Pharmacy Technicians Association (HKPTA) or members of the Hong Kong Society of Pharmaceutical Technology and Health Care Professionals (PTHcP). **Relevant affiliations must be stated above to be eligible to apply for the special offer.**

‡ Only for *LOCAL* community pharmacists who are sponsored by their corresponding Authorized Sellers of Poisons (ASPs) through the ASP Sponsorship Programme.

In case of any disputes, the decision of the Conference Organizing Committee shall be final.

Payment

I have enclosed a Bank Draft / Cheque No. _____ of HK\$ _____ made payable to 'The Pharmaceutical Society of Hong Kong Ltd'.

Please send the completed registration form and the payment to
"Hong Kong Pharmacy Conference 2011, P.O. Box 90155, Tsim Sha Tsui, Kowloon, Hong Kong".