

REGISTRATION FORM

Please complete the form below and return it with appropriate payment **before 30 September 2019** to:

- Meeting Secretariat: c/o International Conference Consultants Ltd.
- Address: Unit C-D, 17/F, Max Share Centre, 373 King's Road, North Point, Hong Kong
- Tel: (852) 2559 9973 Fax: (852) 2547 9528 Email: hkspra2019@icc.com.hk

You are highly recommended to register online at <https://icc.eventsair.com/spra2019/reg>

(A) PERSONAL INFORMATION

(Please type or print in block letters and ✓ where appropriate)

Title: Prof. Dr. Mr. Mrs. Ms. Others, please specify: _____

Family Name: _____ **First Name:** _____

Position: _____ **Department:** _____

Hospital/Clinic: _____

Address: _____

City/State: _____ **Postcode:** _____ **Country:** _____

Mobile: _____ **Email:** _____ *(Email is required for further communication)*

(B) REGISTRATION FEE

I am a member[^] of: HKSPRA APPS HKCP HKIA
 HKMA HKNS HKPADS HKSSM HKPNA

Workshops* (20 Oct, Sun AM) Venue: Cordis Hong Kong	Member [^]	Non-member
Allergy Workshop	<input type="checkbox"/> HK\$ 800	<input type="checkbox"/> HK\$ 1,600

Main Meeting (19 Oct, Sat PM; 20 Oct, Sun Full Day) Venue: Cordis Hong Kong			
Member [^] (Doctor)	Member [^] (Allied Health Professionals)	Non-member (Doctor)	Non-member (Allied Health Professionals)
<input type="checkbox"/> HK\$ 350	<input type="checkbox"/> HK\$ 250	<input type="checkbox"/> HK\$ 1,200	<input type="checkbox"/> HK\$ 600

[^]Remarks

HKSPRA: Hong Kong Society of Paediatric Respiriology and Allergy
 APPS: Asian Paediatric Pulmonology Society
 HKIA: Hong Kong Institute of Allergy
 HKNS: Hong Kong Neonatal Society
 HKSSM: Hong Kong Society of Sleep Medicine

HKCP: Hong Kong College of Paediatricians
 HKMA: Hong Kong Medical Association
 HKPADS: Hong Kong Paediatric Adolescent Dermatology Society
 HKPNA: Hong Kong Paediatric Nurses Association

If you want to join the HKSPRA membership, please write to hkspra@gmail.com

*It is a requirement to join the Main Meeting in order to join Allergy Workshop.

Light lunch on 19 Oct: I will join. I will NOT join.

Light lunch on 20 Oct: I will join. I will NOT join.

I have read and agreed the "Personal Information Collection Statement".

(C) PAYMENT DETAILS

For Local Delegates ONLY, payment can be made by Cheque.

Please make cheque payable to **“Hong Kong Society of Paediatric Respiriology and Allergy Limited”**

Issuing Bank: _____

Amount: _____

Cheque Date: _____

Cheque Number: _____

Signature: _____ Date: _____

- *Once payment is made, no refund will be arranged.*
- *Programme is subject to change without prior notice.*
- *There are limited seats for the Allergy Workshop.*
- *Confirmation of space for the Allergy Workshop and Main Meeting will only be guaranteed after payment is cleared.*
- *CME, CNE, CPD points will be applied from related colleges and associations in Hong Kong for the Allergy Workshop and the Main Meeting.*

Personal Informational Collection Statement

The personal data provided on the registration form would be updated in the Meeting database maintained by the HKSPRA / Meeting Secretariat and will be used for the Society to provide future event information. If you do not want to receive future event information organized by HKSPRA, please mark on the registration form.