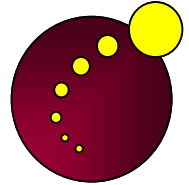


Stanley Ho Centre for Emerging Infectious Diseases
The Chinese University of Hong Kong
6th Annual Scientific Symposium
21 July 2009
REGISTRATION FORM



NAME IN FULL

Surname (Prof. __ Dr. __ Mr. __ Ms. __) _____ Given Name _____
(please use block letters and √ where appropriate, this name will be printed on your certificate of attendance)

Department/Hospital: _____

Correspondence address: _____

Tel (O) _____ Tel (M) _____ Fax _____ *Email _____

*The registration confirmation will be sent via email.

REGISTRATION FEE

	<u>ON or BEFORE 15 June 2009</u>	<u>AFTER 15 June 2009</u>
Delegates	HK\$100.00	HK\$150.00
*CUHK staff/students	Free	HK\$100.00
*NTEC staff	Free	HK\$100.00

*PLEASE TICK APPROPRIATE BOX (if applicable)

I am a CUHK staff/students (*please provide a copy of staff/student card for registration*)

I am a NT East Cluster staff (*please provide a copy of staff card for registration*)

Please send the completed form with registration fee, a crossed personal cheque or bankdraft made payable to:
“The Chinese University of Hong Kong” and send to:

CEID, Room 207, Postgraduate Education Centre, School of Public Health, Prince of Wales Hospital, Shatin, Hong Kong

Tel: (852) 2252 8812

Fax: (852) 2635 4977

Email: CEID@med.cuhk.edu.hk

Website: <http://ceid.med.cuhk.edu.hk>

Date: _____ Signature: _____

(for office use)

Registration # _____

Cheque received on _____ Cheque # _____