

HKU-QMH Assisted Reproduction Programme 香港大学玛丽医院辅助生育中心 30th Anniversary Celebration Symposium 30周年国际生殖医学论坛

12-13 December 2016
HKU Shenzhen Hospital
Shenzhen, China



REGISTRATION FORM (SHENZHEN) 深圳会议注册表格

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(A) PERSONAL INFORMATION 个人资料 (Please type or print in block letters and tick where appropriate)

Prof. 教授 Dr. 博士 Mr. 先生 Ms. 小姐 Mrs. 太太

Others, please specify 其他, 请说明: _____

(请以中、英文填写) Family Name 姓 _____ First Name 名 _____

Position 职衔 _____ Department 部门: _____

Hospital/Clinic/Institution (工作单位): _____

Email 电邮: _____ Tel 电话: _____ Fax 传真: _____

Meal preference 餐饮偏好: No 没有 Vegetarian 素食者

(B) REGISTRATION FEE – Please tick against the applicable box(es). 注册费。请+√适用项目

Category 种类	Full registration 全票	Day Registration 一天注册 Date 日期: _____	Payment (RMB / HKD) 款项 (人民币/港币)
Doctor 医师	<input type="checkbox"/> RMB 800 / HKD1,040	<input type="checkbox"/> RMB 500 / HKD650	
Nurse/Trainee/Lab Staff/Scientist 护士/见习生/化验员/研究者	<input type="checkbox"/> RMB 300 / HK\$390	<input type="checkbox"/> RMB 150 / HKD195	
Participants working in Shenzhen 在深圳工作参加者	<input type="checkbox"/> RMB 100 / HK\$130	Not Applicable 不适用	
TOTAL 合共款项			RMB

(C) PAYMENT DECLARATION 付款

I hereby agree to be bound by the rules and regulations of the Conference & would like to settle the payment of RMB / HKD _____ by:

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以银行转账: 请务必注明活动名称、姓名、联系电话(如: 生殖论坛报名、张三、136xxxxxxx,)

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香港大學
THE UNIVERSITY OF HONG KONG



香港大学深圳医院
The University of Hong Kong - Shenzhen Hospital

Rules and Regulations 条款及细则:

1. Each registrant should complete a separate registration form. 每位参加者, 必须填写一份表格
2. Registration form without payment will NOT BE processed. 如没有缴付费用, 注册将不受理
3. Conference Secretariat will send confirmation by email upon receipt of your registration form and full payment.
注册及付款完成后, 大会秘书处会以电邮确认注册。
4. The programme is subject to change without prior notice.
大会议程如有更改, 恕不另行通知。
5. In the event of cancellation of the Symposium, the only liability of the Organizer is to refund the registration fees paid.
如遇会议取消, 大会只负责将有关已缴付的注册费退还。
6. All participants and exhibitors are responsible for their own medical, accident and other necessary insurance.
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