



Hong Kong Society of Clinical Chemistry

POCT Seminar Registration Form

Name of Fellow/Member: _____

Contact Telephone No. : _____ Fax No. : _____

*Email address: _____ (*please provide either fax no. or email for seat confirmation)

Hospital: _____

<input type="checkbox"/> Fellow	<input type="checkbox"/> Associate Member	<input type="checkbox"/> Non Member
<input type="checkbox"/> Ordinary Member	<input type="checkbox"/> Student Member	

Attendance of:

Lecture only free of charge
Lecture and Dinner (for members) HK\$ 50 (limited seats, register ASAP)
Lecture and Dinner (for non-members) HK\$200 (limited seats, register ASAP)

All cheques should be made payable to “**Hong Kong Society of Clinical Chemistry**”

Bank: _____ Cheque No.: _____ Amount HK\$ _____

Signature: _____ Date: _____

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Please **mail** the registration form and cheque to **Ms Begonia Yuen (Tel.: 2632 2960, fax: 2636 5090)**, Department of Chemical Pathology, Prince of Wales Hospital, Shatin, NT (fax registration is only applicable for lecture *without* dinner).

Deadline for Registration: 5 February 2007 (Monday)

Registration for POCT seminar

Friday, 9 February 2007

Scientific Meeting : accepted / not accepted
Chinese Banquet : accepted / not accepted