

# 13<sup>th</sup> Regional Osteoporosis Conference

26-27 May 2012 • Hong Kong Convention & Exhibition Centre

## Registration Form

### Personal Particulars

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

Title:  Prof  Dr  Mr  Mrs  Ms  Others, please specify: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Position / Department: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Registration Fee

Registration Category	Local		Overseas
	Non-OSHK/HKSR Member	OSHK/HKSR Member	
<b>13th Regional Osteoporosis Conference (26-27 May 2012)</b>			
On or before <b>18 May 2012</b>	<input type="checkbox"/> HK\$500	<input type="checkbox"/> HK\$200	<input type="checkbox"/> US\$100
On-site Registration or after <b>18 May 2012</b>	<input type="checkbox"/> HK\$800	<input type="checkbox"/> HK\$300	<input type="checkbox"/> US\$140
<b>Hands-on Interactive Workshop on BMD Scans (26-27 May 2012)</b>	<input type="checkbox"/> Complimentary * <i>Prior Registration Required</i> Preferred date: <input type="checkbox"/> 26-May 2012; <input type="checkbox"/> 27-May 2012; <input type="checkbox"/> Either		
<b>Total:</b>			

1. Registrations are subject to acceptance on a "first-come-first-served" basis.
2. Registration forms received without payment will not be processed. Please do not send cash.
3. Written confirmation will be sent upon receipt of your registration form and full payment.
4. In the unlikely event of cancellation of the Conference, the only liability of the Conference Organizers is to refund all the fees paid.
5. Onsite registration is not encouraged. Conference materials may not be provided to on-site registrants if the conference is over-subscribed.

### Payment Declaration

I hereby agree to be bound by the rules and regulations of the Conference and would like to settle the registration fee of HK\$/US\$ \_\_\_\_\_ by

Cheque / Bank Draft payable to "International Conference Consultants Ltd." and sent together with this Registration Form

Credit Card  Visa  MasterCard

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiry Date (MM/YY): \_\_\_\_\_ - \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize International Conference Consultants Limited (ICC Ltd.) to debit my account for the above-mentioned amount.

Please complete this form above and return it with the appropriate payment to the Conference Secretariat

c/o International Conference Consultants Limited

Address: Unit C-D, 17/F, Max Share Centre, 373 King's Road, North Point, Hong Kong

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