

# 23<sup>rd</sup> INTERNATIONAL WORKSHOP ON THERAPEUTIC ENDOSCOPY

HONG KONG 9<sup>th</sup> - 11<sup>th</sup> December 2008  
Shaw Auditorium, School of Public Health Building, Prince of Wales Hospital, Shatin, NT, Hong Kong

## REGISTRATION FORM

(For one participant only)

PLEASE NOTE: Type or print in block letters

Title: Prof. / Dr. / Mr. / Mrs. / Miss

Name:

(First name)

(Surname)

Institution:

Mailing Address:

Country:

Phone:

Fax:

Email:

Please  the appropriate category

	On or before 31 Aug 2008	After 31 Aug 2008
PRACTICING DOCTORS	<input type="checkbox"/> USD600	<input type="checkbox"/> USD800
*MEDICAL TRAINEES	<input type="checkbox"/> USD300	<input type="checkbox"/> USD400
PRACTICING NURSES <i>Copy of nursing certificate required</i>	<input type="checkbox"/> USD200	<input type="checkbox"/> USD300

\* To be filled out by supervisor of Medical Trainee

Training Organization

Address (if different from the above)

Name of Supervisor

Position

Signature

Date

**Payment** should be made in US dollar via a separate cheque / bank draft payable to

"**Hong Kong Society of Digestive Endoscopy Ltd**" and should accompany each registration form.

Please send form and cheque to: Dr. James Lau

Endoscopy Centre, Prince of Wales Hospital, Shatin, N.T., Hong Kong

Tel: (852) 2632 2233 Fax: (852) 2635 0075

### Cancellation and Refund Policy

All cancellations must be made in writing and addressed to the Organizing Committee. Cancellations received by the Organizing Committee before 1<sup>st</sup> November 2008 will receive a 80% refund of fees paid. No refunds can be made thereafter. All refunds will be made after the Workshop.