

Registration Form

The Second Congress of Vascular and Interventional Radiology Foundation

Each form should be used for one registration only. It can be photocopied or download from the website: www.virf.org

Personal Information

Title: Prof. Dr. Mr. Mrs. Ms.
Surname: Given name:
Position:
Department:
Institution/ Hospital:
Mailing Address:
Tel: Fax: e-mail address:

Registration fee:

1. Registration on or before 10th September 2006

	Associate member	Non associate member
Medical Doctors	Free of charge	HKD 200
Paramedical	Free of charge	HKD 100

2. Registration after 10th September 2006

	Associate member	Non associate member
Medical doctors	HKD 200	HKD 350
Paramedical	HKD 100	HKD 200

Registration Procedure

For registration, please complete the form in BLOCK LETTERS and return with appropriate registration fee (if applicable) by one of the following two methods:

1. Send the form and a cheque of registration fee (if applicable) payable to “Vascular and Interventional Radiology Foundation Limited”, to the Foundation at the address: Room 604, Capitol Centre, 5 – 19 Jardine’s Bazaar, Causeway Bay, Hong Kong. Or,
2. Fax the form and a pay-in slip of registration fee (if applicable) at HSBC 808-014062-838, to the Foundation at the no. (852)29156881

If you have any enquires, please call VIRF secretariat at 29150881

I would like to register for attendance of the Second Congress of Vascular and Interventional Radiology Foundation. Please take note of my payment of HKD _____ for registration fee.

Signature: _____ Date: _____