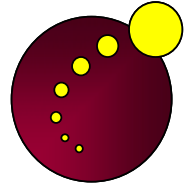


Stanley Ho Centre for Emerging Infectious Diseases  
The Chinese University of Hong Kong  
6<sup>th</sup> Annual Scientific Symposium  
21 July 2009  
**REGISTRATION FORM**



NAME IN FULL

Surname (Prof. \_\_ Dr. \_\_ Mr. \_\_ Ms. \_\_) \_\_\_\_\_ Given Name \_\_\_\_\_  
(please use block letters and √ where appropriate, this name will be printed on your certificate of attendance)

Department/Hospital: \_\_\_\_\_

Correspondence address: \_\_\_\_\_

Tel (O) \_\_\_\_\_ Tel (M) \_\_\_\_\_ Fax \_\_\_\_\_ \*Email \_\_\_\_\_

\*The registration confirmation will be sent via email.

**REGISTRATION FEE**

	<u>ON or BEFORE 15 June 2009</u>	<u>AFTER 15 June 2009</u>
Delegates	<b>HK\$100.00</b>	<b>HK\$150.00</b>
*CUHK staff/students	Free	HK\$100.00
*NTEC staff	Free	HK\$100.00

\*PLEASE TICK APPROPRIATE BOX (if applicable)

I am a CUHK staff/students (*please provide a copy of staff/student card for registration*)

I am a NT East Cluster staff (*please provide a copy of staff card for registration*)

Please send the completed form with registration fee, a crossed personal cheque or bankdraft made payable to:  
"The Chinese University of Hong Kong" and send to:

CEID, Room 207, Postgraduate Education Centre, School of Public Health, Prince of Wales Hospital, Shatin, Hong Kong

Tel: (852) 2252 8812

Fax: (852) 2635 4977

Email: [CEID@med.cuhk.edu.hk](mailto:CEID@med.cuhk.edu.hk)

Website: <http://ceid.med.cuhk.edu.hk>

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

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

(for office use)

Registration # \_\_\_\_\_

Cheque received on \_\_\_\_\_ Cheque # \_\_\_\_\_