

EAST meets WEST Symposium

Sep 29 - 30, 2018 · Hong Kong Convention and Exhibition Centre

Official Use
Registration No.:
Date:

REGISTRATION FORM

Completed registration form and a crossed cheque in Hong Kong Dollars payable to THE CHINESE UNIVERSITY OF HONG KONG should be mailed to the Symposium Secretariat. Confirmation will be sent via email.

Personal Details Please check the appropriate boxes								
Title Professor □ Dr. □ Mr. □ Ms. □ Miss □								
First Name		Middle Name				Last Nam	ie	
Job Title		Department						
Organization								
Address Line 1 Address Line 2								
Address Line 3			Country					
Tel			Fax		Email			
The category best describes your profession								
Academic Dietitian/Nutritionist Pharmacist Scientist	□ N □ F	Administrative Medical Practition Physiotherapist Technologist	ner		Nurse Podiatrist	thcare Professional		
How you learnt about this Symposium								
Past Participant □ Direct Mailing Friends and Colleagues □ Poster at Hospi			itals		Website	e 🗆	Facebook	
First time attending this Symposium								
Ves □ N	Jo 🏻							



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Registration

20th East Meets West Symposium

(Sep 29 - 30, 2018)

		(0,	op 20 00, 20	,	
	ı	Early-bird Ra	te	Normal Ra	ite
	(be	fore Aug 15, 2	2018) (after Aug 15,	2018)
Delegates from Hong Kong or Maca	ıu				
Medical Professionals		HKD 700 □		HKD 1,100	
Allied Healthcare Professionals		HKD 400 □	I	HKD 600	
University Students#		HKD 200 □	I	HKD 300	
Delegates from Supporting Organiz	ations*				
Medical Professionals		HKD 500 E	3	HKD 800	
Allied Healthcare Professionals		HKD 300 E	3	HKD 500	
Delegates from outside Hong Kong	and Macau				
All Categories		HKD 1,600 [HKD 2,400	
Please indicate the date(s) you wan	t to join				
September 29, 2018 □	September 30, 2018		September 2	9 & 30, 2018	

[#] A copy of current student card for verification is required.

^{*} Supporting Organizations – please refer to the list of supporting organizations at www.hkido.cuhk.edu.hk/EMW2018. The discounted rate is only applicable to individual registrations (not applicable to sponsors).



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Hotel Reservation					
Yes, please. □ Thanks, I w	vill arrange on my	own. 🗆			
No. of nights required: 1 □	2 🗆	3 🗆	4 🗆	5 🗆	
Hotel	Room Rate Per Note that the notes th		Room Type		
Novotel Century Hong Kong Hotel	HKD1,000		Single	Double □	
Renaissance Harbour View Hotel	HKD1,900 (Gard	en View) □	Single □	Double □	
The Harbourview Hong Kong	HKD 900 (Prem HKD1,100 (Harb	our View) □		Double □	
# The above rate is subject to 10% service c	harge and prevailing g	overnment tax (current	ly 0%) per room	per night.	
Check-in Date:Check-in Time:					
Check-out Date:Check-out Time:					
Date:	Signatu	ıre:			

Enquiries

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