

Registration Form

Name: Prof. / Dr. / Mr. / Ms. _____

Profession: Doctor / Dentist / Nurse / Allied Health, please specify:

Hospital / Clinic: _____

Address: _____

Tel: _____ Fax: _____

E-mail: _____

Registration:

- Certificate Course: Frontiers in Laser Surgery and Safety
 Seminar on Cosmetic Surgery

Lunch Reservation:

- I shall join the lunch
 I shall not join the lunch

I enclose a cheque in the amount of HK\$ _____ as the payment for the registration of the Certificate Course: Frontiers in Laser Surgery and Safety / Seminar on Cosmetic Surgery

Issuing Bank: _____ Cheque No.: _____

Signature: _____

Please fill in the registration form and send back with a crossed cheque payable to “**Hong Kong Surgical Laser Association**” and sent to Hong Kong Surgical Laser Association c/o Room 708, 7/F, Wing On House, 71 Des Voeux Road Central, Hong Kong. Should you have any questions, please contact Ms. Pinky Cheng on 2301 4111.

* Registration Fee

	A. Certificate Course	B. Seminar
Nurse (member of AHKNS)	HK\$ 300	HK\$ 500
Nurse and Allied Health (non-member)	HK\$ 400	HK\$ 500
Doctor (member of HKSLA, HKCS or HKMA)	HK\$ 800	HK\$ 1000
Doctor (non-member)	HK\$ 1200	HK\$ 1500