



Brain & Heart Attack Summit Abort & Prevent

Date : 21-22 October 2017
Venue : Kowloon Shangri-La Hotel, Tsim Sha Tsui, Kowloon

Registration Form

(Please Type or Use Block Letter)

Title: Prof. Dr. Mr. Mrs. Ms. Miss. Others: _____

Surname: _____ First name: _____

Department / Post: _____

Address: _____

City: _____ Country: _____

Contact No.: _____ Fax: _____

Email Address: _____

Registration Fee:

- Registration (MSHP Member) **HKD 300**
 Registration (Non-MSHP Member) **HKD 500**

Payment Method: (Payment is non-refundable)

To Apply:

Please complete the application form and return by e-mail / post / in person.

Payment Method

A crossed cheque of the appropriate amount payable to "Management Society for Healthcare Professionals Ltd." to MSHP, 8/F, 88 Lockhart Road, Wan Chai, Hong Kong.

Signature

Date

For Official Use:

Registration confirmed on : _____ Registration No: _____

Payment by: Cheque (Cheque No.: _____)