



香港傳染病醫學會

THE HONG KONG SOCIETY FOR INFECTIOUS DISEASES

www.hksid.org

**Seventeenth Annual Scientific Meeting**  
**Registration Form for Non-members**

Date: 16 March 2013 (Saturday)  
Time: 13:30 – 19:00 (meeting)  
19:00 – 21:00 (dinner)  
Venue: Jade Ballroom, 2/F., Eaton Smart Hong Kong Hotel  
380 Nathan Road, Jordan, Kowloon

Name: Professor / Dr. / Mr. / Ms. \_\_\_\_\_  
(Please use block letter)  
Department: \_\_\_\_\_  
Hospital / Clinic: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Registration:**

- I will join the meeting and stay for the dinner. I will pay HKD350 for the meeting and the dinner.
- I will join the meeting only. I will pay HKD100 for the meeting.

Please complete the registration form and return it to the meeting secretariat  
**on or before 28 February 2013.**

**Cheque payable to:** The Hong Kong Society for Infectious Diseases