



CONFERENCE ON SUCCESSFUL AGEING THROUGH HOLISTIC LIVING

5 – 7 November 2009

RECEIVED
DATE/BY 2/7/09

25 June 2009

Dear Sir / Madam

It is our pleasure to invite you to the Conference on "*Successful Ageing through Holistic Living*" to be held on 5 – 7 November 2009. The Conference is co-organized by the Centre of Research & Promotion of Women's Health of the School of Public Health, Chinese University of Hong Kong, and Helping Hand and is supported by Hong Kong Nutrition Association, Hong Kong Geriatrics Society and Institute of Active Ageing of The Hong Kong Polytechnic University.

The aim of the Conference is to promote community awareness of the importance in making preparation for a successful old age, which will require efforts in a healthy living and nutrition, and raising the cognitive and psychological reserve. It consists of keynote speeches by renowned speakers, local and overseas, in the morning at the School of Public Health, CUHK and workshops in the afternoon at the Holiday Center of Helping Hand.

As an attendee, you are free to choose to attend the keynote speeches and plenary sessions in the morning or the afternoon parallel sessions or join us to visit two prominent NGOs on the last day of the Conference. You are most encouraged to sign up all the activities in these three days. Enrollment for a single day will be charged at \$250, or for full 3 day conference at \$600 as an early bird registration by 30 September 2009. Details of the Conference can be found at <http://www.holidaycentre.org/conference/index.htm>.

On behalf of the Organizing Committee, I express our sincere thanks for your kind assistance in disseminating the attached poster and the enrollment form to your colleagues and friends. You are also welcomed to circulate the information to other interested parties. For further information, please contact Ms Renee Leung, Project



香港中文大學公共衛生學院婦女健康促進及研究中心
Centre of Research and Promotion of Women's Health
School of Public Health, The Chinese University of Hong Kong



網頁 WEBSITE : <http://www.cuhk.edu.hk/crpwh/>

電話 TEL : (852) 2252 8839

圖文傳真 FAX : (852) 2645 3276

地址 ADDRESS : 香港新界沙田威爾斯親王醫院公共衛生學院三樓 307 室

電郵 E-MAIL : crpwh@cuhk.edu.hk

Rm 307, School of Public Health, Prince of Wales Hospital, Shatin, N.T., Hong Kong

Coordinator, at crpwh@cuhk.edu.hk or 2252 8896.

Looking forward to seeing you at the Conference in November 2009.

Yours sincerely

Chairman, Conference Organizing Committee
Professor Suzanne SY Chan Ho
Director, Centre of Research and Promotion
of Women's Health
School of Public Health
The Chinese University of Hong Kong
Tel : 2252 8775
Email: suzanneho@cuhk.edu.hk

Co-chairman
Dr David Lok Kwan Dai
Consultant Geriatrician
Dept of Medicine &
Therapeutics
Prince of Wales Hospital
Tel : 2632 3486
Email: daidk@ha.org.hk

Conference on Successful Ageing Through Holistic Living

Enrollment Form

Registration Fee (please "✓" as appropriate)

	Early Bird By 30 Sept 2009	After 30 Sept 2009
Half day (excluding lunch)	<input type="checkbox"/> \$100 - Day 1 (AM / PM)	<input type="checkbox"/> \$120 - Day 1 (AM / PM)
	<input type="checkbox"/> \$100 - Day 2 (AM / PM)	<input type="checkbox"/> \$120 - Day 2 (AM / PM)
	<input type="checkbox"/> \$100 - Day 3 (AM / PM)	<input type="checkbox"/> \$120 - Day 3 (AM / PM)
1 day	<input type="checkbox"/> \$200 - Day 1	<input type="checkbox"/> \$250 - Day 1
	<input type="checkbox"/> \$200 - Day 2	<input type="checkbox"/> \$250 - Day 2
	<input type="checkbox"/> \$200 - Day 3	<input type="checkbox"/> \$250 - Day 3
2 days	<input type="checkbox"/> \$400 - Day 1 + Day 2	<input type="checkbox"/> \$500 - Day 1 + Day 2
	<input type="checkbox"/> \$400 - Day 1 + Day 3	<input type="checkbox"/> \$500 - Day 1 + Day 3
	<input type="checkbox"/> \$400 - Day 2 + Day 3	<input type="checkbox"/> \$500 - Day 2 + Day 3
3 days	<input type="checkbox"/> \$600	<input type="checkbox"/> \$700
Total: HK\$ _____		
<input type="checkbox"/> Accreditation Certificate Required (If yes, profession: _____)		

Personal Information

Name: Prof / Dr / Mr / Mrs / Ms		
Institution / Organization:		
Mailing address:		
Mobile:	Fax:	Email:

Payment

By cheque

Bank: _____ Cheque number: _____
(Please make cheque payable to "The Chinese University of Hong Kong")

By credit card

I hereby authorize the Chinese University of Hong Kong to debit the following credit card in the total amount indicated below for payment of the registration fee for the above-mentioned person.

Name of Card Holder: _____ (as shown on card)

Card Number: _____ Expiry Date: _____ Type: Visa / Master

Cardholder's Signature: _____ Date: _____

Please mail the Enrollment Form to: Ms Renee Leung
Project Coordinator
Rm.416, 4/F, School of Public Health
Prince of Wales Hospital, Shatin

Terms & Conditions

1. Registration can only be confirmed upon Full Payment.
2. Neither cancellations nor refunds are allowed. Substitute participant will be accepted.
3. The Organizer reserves the rights to change date/time/content/venue etc.

For enquiries, please contact Ms Renee Leung at:

Tel: (852) 2252 8896 Fax: (852) 2609 5825 Email: crpwh@cuhk.edu.hk
Website: <http://www.holidaycentre.org/conference/index.htm>

Signature: _____

Date: _____