

REGISTRATION FORM (PLEASE TYPE OR PRINT CLEARLY IN BLOCK LETTERS)

Title: Professor Dr. Mr. Ms.

Full Name: _____ (Last name) _____ (First name)

Job Title: _____ Department: _____

Hospital/Clinic/Company: _____ Country: _____

Address: _____

Tel: _____ Fax: _____ E-mail: _____

Profession (please tick one): Academic Administrative Allied Healthcare Professional Dietitian/Nutritionist
 Medical Doctor Nurse Pharmacist Physiotherapist Podiatrist Psychologist Scientist/Researcher
 Others, please specify: _____

REGISTRATION

DPP Forum 2020 – 2 August Professional Forum (please tick one)

Category	Local (delegates from Hong Kong and Macau)	Local (delegates from Hong Kong and Macau) <i>20% discount for Hong Kong Society of Endocrinology, Metabolism and Reproduction Members</i>
Medical Professionals	HKD500	<input type="checkbox"/> HKD400
Nurses / Allied Healthcare Professionals	HKD250	<input type="checkbox"/> HKD200
Undergraduate / Post-graduate Students	HKD100	<input type="checkbox"/> HKD80
Way of Participation (please tick one)	<input type="checkbox"/> In-person (Please select lunch box below) <u>Lunch Box</u> <input type="checkbox"/> Tuna fish sandwich (吞拿魚三文治) <input type="checkbox"/> Smoked pork loin with tomato pasta (燻豬柳番茄意大利麵條) <input type="checkbox"/> Fillet of sole milanese with spaghetti (米蘭式龍脷魚柳意粉) <input type="checkbox"/> Braised assorted vegetables and mushrooms with rice (鼎湖上素飯) <input type="checkbox"/> Yeung chow fried rice (揚洲炒飯) <input type="checkbox"/> Online participation (For applying CDE/CE/CEU/CME/CNE/CPD accreditation, please select ONE below) <u>Academic accreditation</u> <input type="checkbox"/> Association of Hong Kong Diabetes Nurses Ltd. <input type="checkbox"/> Hong Kong College of Paediatricians <input type="checkbox"/> Hong Kong College of Physicians <input type="checkbox"/> Hong Kong Dietitians Association (Membership No.: _____) <input type="checkbox"/> Hong Kong Nutrition Association Limited <input type="checkbox"/> Hong Kong Physiotherapy Association Limited <input type="checkbox"/> International Podiatrists Association of Hong Kong	

Co-organizer:

Supporting Organizations:

- | | |
|--|---|
| | <input type="checkbox"/> MCHK CME Programme
<input type="checkbox"/> Medical Laboratory Technologists Board
<input type="checkbox"/> Pharmacy Central Continuing Education Committee
<input type="checkbox"/> The Hong Kong College of Anaesthesiologists
<input type="checkbox"/> The Hong Kong College of Family Physicians
<input type="checkbox"/> Others: _____ |
|--|---|

Grand Total: HKD _____

Payment Method: Please complete the registration form with a bank or tele transfer (SWIFT Code: HASEHKHH, Hang Seng Bank Limited, Account No. 773-647474-883) or a Hong Kong cheque (made payable to “ASIA DIABETES FOUNDATION LTD.”) to Asia Diabetes Foundation, Unit K, 4/F, Haribest Industrial Building, 45-47 Au Pui Wan Street, Shatin, New Territories, Hong Kong.

It is hereby declared that the information and particulars furnished above are true and correct to the best of my/our knowledge and belief and nothing has been concealed.

Signature: _____ Date: _____

ENQUIRY

Asia Diabetes Foundation Limited

Tel: (852) 2637 6624 Fax: (852) 2647 6624 E-mail: enquiry@adf.org.hk Website: www.adf.org.hk
 Unit K, 4/F, Haribest Industrial Building, 45-47 Au Pui Wan Street, Shatin, New Territories, Hong Kong

Co-organizer:



Supporting Organizations:

