



Registration Form

4th Hong Kong-Guangdong-Shanghai-Chongqing Pediatric Exchange Meeting

第四屆港粵滬渝兒科學術研討會

12 September 2014, Chongqing 重慶

Meeting Venue: **Chongqing Yuelai International Convention Center** (重慶市悅來會展中心)
重慶市 渝北區 悅來濱江大道 86 號 Tel : 4007339993

Conference Hotel: To be confirmed

Please return to College secretariat **on or before 8th August 2014.**

Fax: 852 27851850

E-mail : enquiry@paediatrician.org.hk

Title: Prof Dr

Family Name: _____ First Name: _____

Department / Institution: _____

Mailing Address: _____

Tel: (work/home) _____ (mobile) _____

Fax: _____ Email: _____

I wish to attend the above Meeting alone / I wish to attend the above Meeting with my spouse.
(Name of Spouse _____).

I have submitted / I have **NOT** submitted Abstract(s) for the Meeting.

I would need / I do not need College sponsorship (return air-fare + **3** nights hotel accommodation*).

- Please reserve hotel accommodation* for me for
- 2 nights (11/9 & 12/9)
 - 3 nights (11/9 & 12/9 & 13/9)
 - 4 nights (11/9 & 12/9 & 13/9 & 14/9)
 - 5 nights (11/9 & 12/9 & 13/9 & 14/9 & 15/9)

I will return to HK on 13/9 Sat 14/9 Sun 15/9 Mon 16/9 Tue

**Hotel accommodation is based on the standard of about RMB500-600/night for 3 nights (11-13 Sept 2014).*

Please ensure that you have a valid travel document for entering into China.