



21st Annual Scientific Meeting

15 November 2015, Sheraton Hong Kong

REGISTRATION FORM

REGISTRATION FEE WAIVERS FOR HKUA MEMBERS

NON-MEMBER REGISTRATION FEE: HK\$600

Please complete in CAPITAL LETTERS and return to the Conference Secretariat:

Email: hkua.conference@gmail.com / Fax: (852) 8344 5115

(Please tick as appropriate)

Title : Prof. Dr. Mr. Ms.

HKUA Member : Yes No

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I agree to provide the above information to the Conference Secretariat for the purpose of communication.

Signature

Date

**If you are NOT a HKUA member, please attach a cheque for the registration fee. Please issue a cheque which should be made payable to "HONG KONG UROLOGICAL ASSOCIATION" and send it to the below address:*

Dr. Peggy Chu
Hong Kong Urological Association
c/o Department of Surgery
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