



Payment Form

PLEASE USE BLOCK LETTERS

Delegate's Information:

Surname: _____ First name: _____

Title: _____

Department: _____

Institute/Company: _____

Mailing Address: _____

Country: _____

Tel: _____

Fax: _____

Email: _____

Registration Fee:

Trainees/Residents:	Local delegates	HKD500
	Oversea delegates	50 Euro
Regular (ILCA members):	Local delegates	HKD1500
	Oversea delegates	150 Euro
Regular (non-ILCA member):	Local delegates	HKD2500
	Oversea delegates	250 Euro

Method of Payment:

1. Bank draft: Please send bank draft made payable to “**The Chinese University of Hong Kong**”
2. Personal cheque: Please send personal cheque made payable to “**The Chinese University of Hong Kong**”
3. Credit card:

Card type: _____ (Visa or Master only. We do not accept American Express)

Amount Euro or HK\$: _____

Card number: _____ Expiry date: _____

Cardholder's name: _____ Cardholder's signature: _____

For Trainees/Residents:

Please attach a letter from Supervisor confirming trainees/residents status.

Please return the form with payment to:

Miss Iris Law

301E, 3/F, Sir YK Pao Centre for Cancer,
The Chinese University of Hong Kong,
Prince of Wales Hospital, Shatin,
Hong Kong SAR, China
Fax no.: (852) 2648 8842
Email: irislaw@clo.cuhk.edu.hk