

# REGISTRATION FORM



Hong Kong Society of Breast Surgeons

Hong Kong Society of Breast Surgeons  
**Annual Scientific Meeting cum Annual General Meeting**

16 SEPTEMBER 2017 (Saturday)

Bauhinia Room  
Marco Polo Hongkong Hotel  
Harbour City, Hong Kong

**REGISTRATION DEADLINE**

**11 August 2017**

Enquiries: 6937 3523

Email: [hksbs.asm2017@gmail.com](mailto:hksbs.asm2017@gmail.com)

Please complete this form in **CAPITAL LETTERS** and return to the following email or address:

Conference Secretariat

Hong Kong Society of Breast Surgeons

SC0804, 8/F, Block S, 130 Hip Wo Street, Kwun Tong, Kowloon, Hong Kong

Email: [hksbs.asm2017@gmail.com](mailto:hksbs.asm2017@gmail.com)

## REGISTRATION DETAILS

Title (Please select)	<input type="checkbox"/> Professor	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms
Surname _____	Given name _____			
Position _____	Department _____			
Institution _____				
Correspondence Address _____				
Direct contact no _____	Fax no _____			
Email _____				
* Please ensure that you leave valid contact number and email address for future correspondence.				

## REGISTRATION FEE

- I am member of Hong Kong Society of Breast Surgeons (free registration)
- I would like to join Hong Kong Society of Breast Surgeons (please send separate Membership Application Form)

	Annual (HK\$)	Life (HK\$)
Ordinary Member (doctors)	<input type="checkbox"/> 200	<input type="checkbox"/> 2,000
Associate Member (nurses / medical professionals)	<input type="checkbox"/> 100	<input type="checkbox"/> 1,000

Cheque payable to "Hong Kong Society of Breast of Breast Surgeons Ltd"

Mail to: SC0804, 8/F, Block S, 130 Hip Wo Street, Kwun Tong, Kowloon, Hong Kong



Tel : (852) 6776 3350

Fax : (852) 2524 9372

Email : hkbreastsurgeons@gmail.com

Address : Rm 802, Central Building, 1-3 Pedder Street, Central, Hong Kong

## MEMBERSHIP APPLICATION / RENEWAL FORM

New Applicant

Renewal Membership

### A. Personal Particulars:

Title \_\_\_\_\_ Name in full (Surname first) \_\_\_\_\_ Sex  M  F  
Dr/Prof/Mr/Ms

Job Title \_\_\_\_\_ Specialty \_\_\_\_\_

Hospital / Institution \_\_\_\_\_ Department \_\_\_\_\_ Hospital \_\_\_\_\_

Correspondence Address \_\_\_\_\_

Tel No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Email\* \_\_\_\_\_  
\* mandatory

### B. Qualifications:

Academic Qualifications \_\_\_\_\_ Year Obtained \_\_\_\_\_

Professional Qualifications \_\_\_\_\_ Year Obtained \_\_\_\_\_

\_\_\_\_\_ Year Obtained \_\_\_\_\_

\_\_\_\_\_ Year Obtained \_\_\_\_\_

### C. Experience in Breast Surgery:

Type of Operations	Surgeons / Assistant	No. of Cases per year
_____	_____	_____
_____	_____	_____

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Proposer# \_\_\_\_\_ Name in Block Letters \_\_\_\_\_

Signature of Secunder# \_\_\_\_\_ Name in Block Letters \_\_\_\_\_

# Both Proposer and Secunder must be ordinary members of Hong Kong Society of Breast Surgeons

### Registration Fee

Annual Subscription Ordinary Member HK\$200  Associate Member HK\$100

Life Subscription Ordinary Member HK\$2000  Associate Member HK\$1000

### Payment

■ A cheque for HK\$ \_\_\_\_\_ made payable to "Hong Kong Society of Breast Surgeons Limited" is enclosed, with recipient address as Secretariat, Hong Kong Society of Breast Surgeons Limited, c/o Room 802 Central Building, 1-3 Pedder Street, Central, Hong Kong

\*\* For enquiry please contact Ms Veronica Chan, Email: [hkbreastsurgeons@gmail.com](mailto:hkbreastsurgeons@gmail.com), Tel: (852)6776 3350 Fax: (852)2524 9372.