

CardioRhythm 2007

2 – 4 February 2007, Hong Kong

Registration Form

(Please complete this form in BLOCK letters and return it to the Conference Secretariat. Mailing address: CardioRhythm 2007, c/o CMPMedica Pacific Limited, Unit 901 – 903, AXA Centre, 151 Gloucester Road, Wan Chai, Hong Kong. Fax: (852) 2559 6910. E-mail: info@cardiorhythm.com)

Personal Details

(Please "√" in appropriate box)

Title: _____ Professor Dr. Mr. Ms.

First name: _____ Last name: _____

Job title: _____ Department: _____

Organization: _____

Address: _____

Country: _____ Tel: () _____ Fax: () _____

E-mail: _____

Registration	Pre-registration (10 Nov 2006 - 20 Jan 2007)	Please √
Members of HKCC* or CSPE#	HKD1,000	
Non-members	HKD2,000 / USD260	

Payment Method

I have enclosed a cheque in the amount of HKD _____ for my payment to CardioRhythm 2007.

Signature: _____ Date: _____