



CardioRhythm 2007

2 – 4 February 2007

Hong Kong Convention and Exhibition Centre

Registration Form for Allied Health Professionals

Name: Mr. / Ms. _____
(Please use block letters)

Job Title: _____

Department: _____

Hospital / Clinic: _____

Address: _____

Tel No.: _____ Fax No.: _____ E-mail: _____

Registration:

Please indicate your attendance by placing a “√” in the appropriate box below:

- I would like to register for the one-day Allied Health Program. Fee: \$100
- I would like to register for the Whole Congress. Fee: \$400

Please complete and send registration form with appropriate registration fee by a crossed cheque made payable to “**Hong Kong College of Cardiology**”:

Meeting Secretariat:

CMPMedica Pacific Limited

Unit 901 – 903, AXA Centre, 151 Gloucester Road, Wan Chai, Hong Kong

Tel: (852) 2559 5888 Fax: (852) 2559 6910 E-mail: info@cardiorhythm.com