

# 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	Early Bird (on or before 10 Nov 2006)	Please <input checked="" type="checkbox"/>	Pre-registration (10 Nov 2006 - 20 Jan 2007)	Please <input checked="" type="checkbox"/>
Members of HKCC* or CSPE#	HKD800		HKD1,000	
Non-members	HKD1,600 / USD210		HKD2,000 / USD260	

Hotel Accommodation	One Night Deposit	No. of Rooms	Total Amount
Grand Hyatt Hong Kong	USD270 / USD299	____ Single Room / ____ Double Room	
Renaissance Harbour View Hotel	USD190 / USD248	____ Garden View Room / ____ Harbour View Room	
Novotel Century Hong Kong	USD143	____ Single Room / ____ Double Room	
Harbour View International House	USD94 / USD109	____ Standard Room / ____ Premier Standard Room	
Empire Hotel Hong Kong	USD102	____ Deluxe Room	

## Flight Details:

Arrival date (dd/mm): \_\_\_\_\_ Departure date (dd/mm): \_\_\_\_\_

Arrival flight and time: \_\_\_\_\_ No. of nights required: \_\_\_\_\_

Sightseeing Tour	Price per Person	No. of Tickets	Total Amount
Hong Kong Island Tour	USD34		
Pre-dinner Cocktail Cruise	USD41		
The Land Between Tour	USD42		
Tsing Ma Lantau Island Monastery Tour	USD86		
Disneyland Tour	Weekday: USD74 for adult USD62 for child  Weekend / holiday / peak day: USD82 for adult USD70 for child	Weekday: ____ adult ____ child  Weekend / holiday / peak day: ____ adult ____ child	

Grand Total: Registration \_\_\_\_\_ + Hotel Accommodation \_\_\_\_\_ + Sightseeing Tour \_\_\_\_\_ = \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Registration Form

## Payment Method

(Please "√" in appropriate boxes and delete inappropriate ones\*)

- I have enclosed a bank draft\* / local cheque\* in the amount of USD\* \_\_\_\_\_  
/ HKD\* \_\_\_\_\_ for my payment to CardioRhythm 2007.
- I hereby authorize "Hong Kong College of Cardiology" to charge my credit card in the amount of  
USD\* \_\_\_\_\_ / HKD\* \_\_\_\_\_ for my payment to CardioRhythm 2007.

Type of Credit Card:  Visa  Master

Name of Cardholder: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_