



By fax : 2899 2267 (Attn: May Cheung)

By E-mail : info@mmmcon.com

By Mail : 4/F., 9 Queen's Road Central, Central, Hong Kong (Attn: May Cheung)

I would like to register for the M³C:-

Name : _____

Post : _____

Institution / Organization : _____

Tel : _____ Email : _____

Address : _____

I am member of one of the following organizations.

(Please √ as appropriate)

<input type="checkbox"/> The Society of Anaesthetists of Hong Kong	<input type="checkbox"/> Hong Kong Association for the Study of Liver Diseases
<input type="checkbox"/> Hong Kong Society of Breast Surgeons	<input type="checkbox"/> The Hong Kong Medical Association
<input type="checkbox"/> The Hong Kong Cancer Therapy Society	<input type="checkbox"/> Hong Kong Society of Medical Genetics
<input type="checkbox"/> Hong Kong College of Cardiology	<input type="checkbox"/> Hong Kong Society of Minimal Access Surgery
<input type="checkbox"/> American College of Chest Physicians (HK & Macau Chapter)	<input type="checkbox"/> The Hong Kong Neurosurgical Society
<input type="checkbox"/> Hong Kong Society of Clinical Oncology	<input type="checkbox"/> The Obstetrical and Gynaecological Society of Hong Kong
<input type="checkbox"/> Hong Kong Society for Coloproctology	<input type="checkbox"/> Hong Kong Ophthalmological Society
<input type="checkbox"/> Hong Kong Society of Critical Care Medicine	<input type="checkbox"/> The Hong Kong Association of Oral and Maxillofacial Surgeons
<input type="checkbox"/> Hong Kong Dental Association	<input type="checkbox"/> The Hong Kong Orthopaedic Association
<input type="checkbox"/> The Hong Kong Society of Diagnostic Radiologists	<input type="checkbox"/> Hong Kong Society of Otorhinolaryngology Head & Neck Surgery
<input type="checkbox"/> Hong Kong Society of Endocrinology, Metabolism & Reproduction	<input type="checkbox"/> Hong Kong Society of Palliative Medicine
<input type="checkbox"/> The Hong Kong Society of Gastroenterology	<input type="checkbox"/> Hong Kong Society of Plastic, Reconstructive and Aesthetic Surgeons
<input type="checkbox"/> The Hong Kong Geriatrics Society	<input type="checkbox"/> The Hong Kong Society of Psychiatrists
<input type="checkbox"/> The Hong Kong Society of Haematology	<input type="checkbox"/> The Hong Kong Society of Rheumatology
<input type="checkbox"/> Hong Kong Society of Hepatobiliary and Pancreatic Surgery	<input type="checkbox"/> Hong Kong Thoracic Society
<input type="checkbox"/> Hong Kong IBD Society	<input type="checkbox"/> Hong Kong Society of Upper Gastrointestinal Surgeons
<input type="checkbox"/> The Hong Kong Society for Infectious Diseases	<input type="checkbox"/> The Hong Kong Urogynaecology Association
<input type="checkbox"/> The Hong Kong Society of Interventional Radiology	<input type="checkbox"/> Hong Kong Urological Association

I enclose herewith a cheque of

HK\$100 (Member of any one of the above named organizations) /

HK\$200 (Non-member) /

HK\$100 (Nursing Colleagues)

Payable to "Association of Private Medical Specialists of Hong Kong Ltd."

Cheque No. : _____ Issuing Bank : _____

Date : _____