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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 : _____