



ASIAN BREAST DISEASES ASSOCIATION

The 10th ABDA Teaching Course Enrolment Form

1. Please fill in this form legibly to facilitate the data input process.

2. Please put a "✓" into an appropriate "□".

CONTACT DETAILS

Title: Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/>	
Surname:	
Given name:	
Address:	
City:	State:
Zip Code:	Country:
Contact no.:	Fax no.:
Email:	
Institution:	
Speciality: Physician <input type="checkbox"/> Non-Physician <input type="checkbox"/>	
ABDA member: Yes <input type="checkbox"/> No <input type="checkbox"/>	

REGISTRATION DETAILS

Lecture	Physician			Non-Physician	
	On or Before 14 Apr 2012	15 Apr 2012- 17 Jun 2012	18 Jun 2011 & afterwards, On-site	On or Before 17 Jun 2012	18 Jun 2011 & afterwards, On-site
Whole Course (3-days) Only	HK\$ 1920 <input type="checkbox"/>	HK\$ 2400 <input type="checkbox"/>	HK\$ 2880 <input type="checkbox"/>	HK\$ 1400 <input type="checkbox"/>	HK\$ 2400 <input type="checkbox"/>
	HK\$ 640 <input type="checkbox"/>	HK\$ 800 <input type="checkbox"/>	HK\$ 960 <input type="checkbox"/>	HK\$ 480 <input type="checkbox"/>	HK\$ 800 <input type="checkbox"/>
	HK\$ 640 <input type="checkbox"/>	HK\$ 800 <input type="checkbox"/>	HK\$ 960 <input type="checkbox"/>	HK\$ 480 <input type="checkbox"/>	HK\$ 800 <input type="checkbox"/>
	HK\$ 640 <input type="checkbox"/>	HK\$ 800 <input type="checkbox"/>	HK\$ 960 <input type="checkbox"/>	HK\$ 480 <input type="checkbox"/>	HK\$ 800 <input type="checkbox"/>

* Based on the date/time chop of the email and fax and the date chop on the stamp by mail.

Workshop	Physician	Non-Physician
Workshop for Ultrasound Biopsy	HK\$ 600 <input type="checkbox"/>	/
Workshop for Stereotactic Biopsy	HK\$ 600 <input type="checkbox"/>	HK\$ 300 <input type="checkbox"/>
Workshop for Tomosynthesis breast images	HK\$ 600 <input type="checkbox"/>	/

* Spaces are limited and registration is on a first come first served basis.

Total Registration fee:

Total HKD:

PAYMENT BY CREDIT CARD

VISA MasterCard

Card Number:

Expiry Date:

Card Holder Name:

Card Holder Signature:

* Personal Cheque or Bank Draft is not accepted.

* Any personal request of course withdrawal must be submitted to Congress Secretariat 14 days before the commencement of the course. An administration fee of 50% paid registration fee will be charged for each successful withdrawal.

For Official Use	
Authorized Code	Date

DISCLAIMER

I request that this application be accepted and agree to abide by all rules and regulations of the ABDA and otherwise undertake to behave in such a manner as to contribute to the safety and well-being of myself and others. I understand that the ABDA assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or from my participation in any of its activities, use of its venues, equipment and facilities, and expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from participation in these activities, use of its venues, equipment and facilities. I hereby release and discharge the ABDA, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of participation in these activities, use of its venues, equipment and facilities. I understand that the ABDA is not responsible for personal property lost or stolen while on its premises or any other premise or location of its activities.

Signature: _____

Date: _____

For Official Use: Loc/Ove M/NM P/NP W/D/WS