

REGISTRATION FORM

Please complete the form below and return it with the appropriate payment to
ISPD 2006 Congress Secretariat
International Conference Consultants Ltd, Unit 301, The Centre Mark, 287-299 Queen's Road Central, Hong Kong.
 Tel: (852) 2559 9973 Fax: (852) 2547 9528 Email: reg@ispd2006.org

You are highly recommended to register online at <http://www.ispd2006.org>

Please read the registration information before registering.

(A) PERSONAL INFORMATION

(Please type or print in block letters and ✓ where appropriate)

Title: Prof. Dr. Mr. Mrs. Ms. Others, please specify _____

Family Name: _____ First Name: _____

Position/Department: _____

Institution: _____

Address: _____

City: _____ State: _____ Postcode: _____ Country: _____

Tel: _____ Fax: _____ Email: _____

Special meal requests: Vegetarian Pork-free Beef-free Others, please specify _____

Accompanying Person(s):

Mr. Mrs. Ms.

Family Name: _____ First Name: _____

Special meal requests: Vegetarian Pork-free Beef-free Others, please specify _____

Mr. Mrs. Ms.

Family Name: _____ First Name: _____

Special meal requests: Vegetarian Pork-free Beef-free Others, please specify _____

(B) REGISTRATION FEE

Category	Payment on or before 15 May 2006	Payment after 15 May 2006 and before 15 August 2006	Payment after 16 August 2006 and onsite	Amount
Overseas Registration:				
ISPD Member, MD	HK\$3,000 (US\$390)	HK\$3,500 (US\$455)	HK\$4,500 (US\$585)	
Non-ISPD Member, MD	HK\$3,750 (US\$490)	HK\$4,250 (US\$555)	HK\$5,250 (US\$685)	
Nurse & Paramedical (ISPD Member)	HK\$1,500 (US\$195)	HK\$2,000 (US\$260)	HK\$2,500 (US\$325)	
Nurse & Paramedical (Non-ISPD Member)	HK\$2,000 (US\$260)	HK\$2,500 (US\$325)	HK\$3,000 (US\$390)	
Accompanying Person	HK\$1,000 (US\$120)			
Local Registration:				
Doctor	HK\$1,600		HK\$2,000	
Nurse & Paramedical	HK\$1,000		HK\$1,500	
Day Participant	<input type="checkbox"/> 26 August <input type="checkbox"/> 27 August <input type="checkbox"/> 28 August HK\$700			

Family Name: _____ First Name: _____

(C) PRE-CONGRESS COURSE (25 August 2006)*limited to full delegates & day participants only*

Duration	Workshop		Registration Fee	Amount
Full day	PRE-01	Clinical Course on PD Patient Care	HK\$400/US\$50	
Full day	PRE-02	Basic Science in Peritoneal Dialysis	HK\$400/US\$50	

(D) POST-CONGRESS PD UNIT VISIT (29 August 2006)

Please indicate your preference (1, 2 & 3) in appropriate box.

Preference (1, 2 & 3)	Duration	PD Unit	Registration Fee	Amount
	Morning	POS-01 Alice Ho Miu Ling Nethersole Hospital	HK\$150/US\$20	
	Morning	POS-02 Caritas Medical Centre		
	Morning	POS-03 Kwong Wah Hospital		
	Morning	POS-04 Pamela Youde Nethersole Eastern Hospital		
	Morning	POS-05 Prince of Wales Hospital		
	Morning	POS-06 Princess Margaret Hospital		
	Morning	POS-07 Queen Elizabeth Hospital		
	Morning	POS-08 Queen Mary Hospital		
	Morning	POS-09 Tuen Mun Hospital		
	Morning	POS-10 Tung Wah Hospital		
	Morning	POS-11 United Christian Hospital		
	Full day	POS-12 Centro Hospitalar Conde De S Januario in Macau cum half day Macau excursion tour	HK\$850/US\$110	

(E) OPTIONAL TOURS

Tour	Date and Time	Tour Price Per Person		No. of Person(s)	Amount
T1: Day Trip to Disneyland	25 Aug (Fri) 08:00 – 18:00	HK\$650 (US\$85)	x	[]	
T2: Harbour Lights & Seafood Dinner	25 Aug (Fri) 18:30 - 21:30	HK\$430 (US\$56)	x	[]	
T3: Hong Kong Island Tour	26 Aug (Sat) 14:00 - 17:00	HK\$250 (US\$33)	x	[]	
T4: New Territories Tour	26 Aug (Sat) 14:00 - 18:00	HK\$250 (US\$33)	x	[]	
T5: Morning Tai Chi and Tea Tour	27 Aug (Sun) 08:30 – 13:00	HK\$550 (US\$71)		[]	
T6: Back Streets of Kowloon Tour	27 Aug (Sun) 14:00 - 17:00	HK\$250 (US\$33)	x	[]	
T7: Lantau Island Tour with Vegetarian Lunch	28 Aug (Mon) 09:00 - 17:00	HK\$550 (US\$71)	x	[]	
			Total (HK\$ / US\$)		

(F) PAYMENT DECLARATIONI would like to settle the payment of **HK\$ / US\$** _____ **(B+C+D+E)** by Cheque / Bank Draft payable to “ISPD 2006” Bank transfer to Standard Chartered Bank, 15 Queen's Road Central, Hong Kong. Account Name: ISPD 2006, Account Number: 003-447-0-057396-0, SWIFT Code: SCBLHKHHXXX. Reference: name of delegate*A copy of the receipt of the bank remittance should be attached to the Registration Form. All bank charges for remittance must be borne by the remitter.* Credit Card Visa MasterCard (in Hong Kong dollars only)

I hereby authorize International Conference Consultants Limited (ICC Ltd.) to debit my account for the above-mentioned amount.

Card Number: _____ - _____ - _____ - _____ Expiry Date (MM/YY): _____ - _____

Name of Cardholder: _____

Signature: _____ Date: _____

I hereby agree to be bound by the rules and regulations of the Conference.

Notes:

- Registrations are subject to acceptance on a first-come-first-served basis.
- The Pre-Congress courses and post-congress PD Unit Visits are subject to sufficient interest to operate. Pre-registration and pre-payment are required.
- Registration forms received without payment will not be processed. Please do not send cash.
- Each registrant should complete a separate registration form. A photocopy of the registration form is acceptable.
- A letter of confirmation will be sent upon receipt of your registration form and full payment. Any changes or alterations must be made in writing to the Congress Secretariat.
- The prevailing exchange rate is approximately US\$1 = HK\$7.70.