



# Second Asia Pacific Advanced Heart Failure Forum

16 November 2018

Yasumoto International Academic Park (YIA), CUHK Main Campus

Department of Medicine & Therapeutics  
Faculty of Medicine  
The Chinese University of Hong Kong



## Registration Form

\*Please complete ONE form for each delegate. Please type in Block Letters in English.

### Particulars of Delegate

Title:  Prof.  Dr.  Mr.  Ms. Gender:  Male  Female

Name: (Surname) \_\_\_\_\_ (Given name) \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Institution: \_\_\_\_\_

Corresponding Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

### Registration Details (Please tick as appropriate)

Category	Early Bird Rate (on or before 30 Sept 2018)	Normal Rate (after 30 Sept 2018)	Amount to be Paid
Registration <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Allied Health Professional / Trainee	HK\$700	HK\$850	
Registration <input type="checkbox"/> Student	HK\$300	HK\$400	
Total:			

### Payment

I enclose a cheque / bankdraft (cheque / bankdraft no. \_\_\_\_\_) of HKD \_\_\_\_\_ payable to  
"The Chinese University of Hong Kong".

Please debit my credit card:  Visa  Master

Card No.: \_\_\_\_\_ Name of Cardholder: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Amount (HKD): \_\_\_\_\_

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

### **Important Notes on Registration**

1. Please complete the form and return with appropriate fee by post to:  
APAHF Forum Secretariat  
Department of Medicine & Therapeutics, The Chinese University of Hong Kong  
Rm 507, Li Ka Shing Medical Sciences Building, Prince of Wales Hospital, Shatin, N.T., Hong Kong  
Email: [APAFFF2018@cuhk.edu.hk](mailto:APAFFF2018@cuhk.edu.hk)
2. Registration forms received without registration fees will not be processed. Upon successful payment, the Forum Secretariat will send you a confirmation letter by email. Please present the letter at registration counter at the Forum.
3. Payment Method  
*By Cheque / Bankdraft* – Please make a cheque or bankdraft in Hong Kong dollar (HKD) payable to “The Chinese University of Hong Kong”.  
*By Credit Card* – Please fill in the credit card details on the registration form
4. Cancellation Policy  
Notification of cancellation must be made in writing to the Forum Secretariat. Refund will be made after the Forum. For cancellation request received on or before 30 September 2018, 50% of the registration fee will be refunded. No refund will be made for cancellation after 30 September 2018.
5. Entitlements for Registered Delegates
  - a. Access to all scientific sessions on 16 November 2018
  - b. Coffee breaks and lunch on 16 November 2018
  - c. Delegate’s kit and programme book
  - d. Access to exhibition area

### **Privacy Policy**

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### **Disclaimer**

The information you provide will be treated in strict confidence. It will be used by the Department of Medicine & Therapeutics, CUHK (M&T, CUHK) for the purposes of registration and related administration procedures for this conference. To allow us to correspond with you and keep you posted on our events, we may use your personal information to inform you of our upcoming events. You may choose to decline receiving such information at any time by emailing us at [APAFFF2018@cuhk.edu.hk](mailto:APAFFF2018@cuhk.edu.hk).