



The 12th Hong Kong Optometric Conference — "Development of Optometry for the Future" 眼科視光學新里程 Ticket Order Form

Please return the form to: Ms Kammy Wun (Fax: (852) 2169 9188 / Email: kammy.sh.wun@hktdc.org)

I would like to attend The 12th Hong Kong Optometric Conference

(Date: 6-7 November 2014 (Thursday - Friday) / Time: 9am - 12:30pm / Venue: Room N101, Hong Kong Convention

& Exhibition Centre, 1 Expo Drive, Wan Chai, Hong Kong)

Personal Details: -						
☐ Prof. ☐ Dr.	☐ Mr.			Mr	S.	☐ Miss
Surname:		Giver	n Name:			
Company Name:					Title:	
Address:						
Postal Code:	City:				Country:	:
Tel:	Fax:				E-mail:	
Ticket Order Details: -						
Regular Rate:						
☐ HKD\$600 (USD\$78) per ticket x	ticke	et(s)	= TOTAL: H	HKD _		(Two Days)
☐ HKD\$480 (USD\$63) per ticket x	ticke	et(s)	= TOTAL: H	HKD _		(One Day)
<u>Special Offer:</u> Early Bird (*on or before 30 September 20	14)					
☐ HKD\$450 (USD\$58) per ticket x	ticke	t(s)	= TOTAL: H	IKD _		(Two Days)
☐ HKD\$360 (USD\$47) per ticket x	ticke	et(s)	= TOTAL: H	HKD _		(One Day)
(*based on the date of the postal chop) Group Ticket (for each order of 10 or more ti	ickets)					
☐ HKD\$450 (USD\$58) per ticket x	ticke	t(s)	= TOTAL: H	IKD _		(Two Days)
☐ HKD\$360 (USD\$47) per ticket x	ticke	et(s)	= TOTAL: H	KD _		(One Day)
Payment by Cheque: -						
Cheque Payable to "Hong Kong Trade Developr	ment Coun	cil"				
Name of Bank and Cheque no.:					Amount: *HK	(D / USD
Payment by Credit Card: -						
Card No:					(Visa / □ Master)
Name of Cardholder:					(plea	ase use Block Letter)
Amount: *HKD / USD Card Expiry Date:						

Remarks

- 1. Orders without payment will not be entertained.
- 2. Acceptance to registration will be subject to space availability on a first-come-first-served basis.
- 3. Conference programme is subject to change without prior notice.
- 4. All tickets sold are non-refundable.
- 5. Persons under 18 will not be admitted.

Conference Organisers:





