.



The 16th Hong Kong Optometric Conference –

<u>"The Contemporary Role of Optometrists in Primary Care" 眼科視光師於基層醫療的角色</u>

Ticket Order Form

Please return the form to : Mr Kevin Koo (Email: <u>kevin.wh.koo@hktdc.org</u>)

I would like to attend The 16th Hong Kong Optometric Conference

(Date: 8 November 2018 (Thursday) / Time: 9am – 5pm / Venue: Room N101, Hong Kong Convention & Exhibition Centre, 1 Expo Drive, Wan Chai, Hong Kong)

Personal Details: -			
□ Prof. □ Dr.	☐ Mr. ☐ Mr	·S.	Miss
Surname: Given 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	ticket(s) = TOTAL: HKD		(Full-Day)
\Box HKD\$500 (USD\$65) per ticket x	ticket(s) = TOTAL: HKD _		(Half-Day)
Special Offer: Early Bird (*on or before 28 September 201	8)		
□ HKD\$450 (USD\$58) per ticket x	ticket(s) = TOTAL: HKD		(Full-Day)
□ HKD\$380 (USD\$50) per ticket x	ticket(s) = TOTAL: HKD _		(Half-Day)
(*based on the date of the postal chop) Group Ticket (for each order of 10 or more tickets)			
□ HKD\$450 (USD\$58) per ticket x	ticket(s) = TOTAL: HKD		(Full-Day)
□ HKD\$380 (USD\$50) per ticket x	ticket(s) = TOTAL: HKD		(Half-Day)
Payment by Cheque: -			
Cheque Payable to "Hong Kong Trade Development Council".			
Address: HKTDC - Unit 13, Expo Galleria, HKCEC, Wanchai, Hong Kong			
Name of Bank and Cheque no.: Amo		Amount: *HKD / US	D
Payment by Credit Card: -			
Card No:		(🗆 Visa / 🗆 Master)	
Name of Cardholder:	lder:(please use Block Lette		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:







www.hktdc.com