

**The Hong Kong Society of Sleep Medicine
Annual Scientific Meeting 2008
Registration Form**

Name: _____

Tel: _____ Fax: _____

Email / Mailing Address:

Current profession: Doctor Nurse Physiotherapist
 Other, specify _____

Practice: Public Private
Department _____
Institution _____

Members and associate members of "The Hong Kong Society of Sleep Medicine"	<input type="checkbox"/> Free of Charge
Non-member (doctors)	<input type="checkbox"/> HK\$100 per person
Non-member (Nurses and Allied Health Staff)	<input type="checkbox"/> HK\$50 per person

Please put on the appropriate box:

Please fill in the registration form and return with the appropriate fee to

Dr. Albert M. Li, Department of Paediatrics, Prince of Wales Hospital, Shatin, Hong Kong

[All cheques should be crossed and made payable to "Hong Kong Society of Sleep Medicine Limited"]

Should you have any enquiries, please free feel to contact Dr. Albert M. Li on (852) 26322982 or email:

albertmli@cuhk.edu.hk