

**International Minimally Invasive Surgery Conference (i-MISC)  
10-11 May 2019, Hong Kong**

**Registration Form**

Please complete and return the form by one of the following methods by 26 April 2019.

Mail : CUHK Jockey Club Minimally Invasive Surgical Skills Centre  
3/F, Li Ka Shing Specialist Clinic (North Wing)  
Prince of Wales Hospital, Shatin, Hong Kong

Email : [phoebeman@surgery.cuhk.edu.hk](mailto:phoebeman@surgery.cuhk.edu.hk)

Fax : (852) 3505 4708

Participant Information		
Title: <input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms (please ✓ the appropriate box)		
Surname:		Given Name:
Position:		
Institution:		
Mailing Address:		
Country / Region:		
Tel (office hours):	Mobile:	Fax:
Email :		
Registration Category: Main Programme Only (10-11 May)		
Related Society / Association(s) :		

Notes:

1. One registration form must be completed for each attendee. Please print or write legibly. Illegible information may result in processing delay of your registration.
2. Registration confirmation will be issued by email for successful application of the conference.
3. The organiser will bear no liability for personal injuries sustained by, or for loss or damage of property belonging to delegates, either during or as a result of all conference activities. Delegates are advised to arrange their own personal health, accident and travel insurance.
4. Please refer to <http://www.hkmisc.org.hk/i-misc/> for programme details.

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

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

