

## Airway Endoscopy Course 2018 15 – 17 August 2018, Bangkok-Thailand

## REGISTRATION FORM (Deadline: 15 July 2018)

(Please provide the information clearly below)

Title:   Professor	or 🗆 Dr.	
Name:		Surname:
Current position:		Department:
Organization:		
Mobile number:		Email address:
Please $$ the appropriate $\square$ below.		
$\square$ I would like to register for the course. (Member fee: USD 800 per person)		
$\square$ I would like to register for the course. (Non-member fee: USD 1,200 per person)		
Bank Details:		
<ul> <li>Bank name:</li> <li>Bank address:</li> <li>Bank code:</li> <li>Swift code:</li> <li>Account name:</li> <li>Account number:</li> <li>Account type:</li> <li>Bank charges:</li> </ul>	Chong Hing Bank Limited, Hong Kong Chong Hing Bank Centre, 24 Des Voeux Road, Central, Hong Kong 041 LCHBHKHH Asian Paediatric Pulmonology Society 292 – 20 – 607188 – 7 Saving You are required to absorb all bank charges in your home country and overseas.	
Date:		Signature:
Enquiry:  Name: Ms. Melissa Leung, APPS  Email: apps.medisociety@gmail.com  Address: Room CS-802B, Department of Paediatrics, Kwong Wah Hospital,		

25 Waterloo Road, Yaumatei, HONG KONG