

REGISTRATION FORM

(For Overseas participants)

FIMS – ISAKOS Team Physician Advanced Course September 18 – 19, 2004

Please complete and return this form to the following address by ***August 13, 2004***.

Address: CUHK-WHO Collaborating Centre for Sports Medicine and Health Promotion
Rm 74029, 5/F, Clinical Sciences Building
Prince of Wales Hospital, Shatin, N.T., Hong Kong

Personal Details

Last Name: _____ First Name: _____

Title: Prof. Dr. Mr. Mrs. Ms.

Position: _____

Institution: _____

Country: _____

Address: _____

Telephone: (_____) _____

Facsimile: (_____) _____

Email: _____

Please indicate the details of the Team Physician Development Course that you have previously attended. (Please send the copy of the Certificate for verification.)

Country: _____ Year: _____

Accommodation Information

1. Royal Park Hotel **US\$95.00 (incl. ONE breakfast)**

2. Sports Residence **US\$52.00**

Rates are per room per night basis and inclusive of 10% service charge and 3% government tax. Full payment is required upon receiving our confirmation.

Accompanying Persons (if any): _____

Check-in Date: _____ Check-out Date: _____

Arrival Flight No.: _____ Departure Flight No.: _____

Total Amount: _____ (Registration fee: US\$ 250 + roomcharge: US\$ _____)

A bank draft or international money order for registration in US dollars should be made payable to "The Chinese University of Hong Kong".

Date _____ Signature _____

DEADLINE FOR REGISTRATION : August 13, 2004