**Twentieth Anniversary Scientific Meeting**

**Institute of Cardiovascular Science and Medicine**

**19th November 2016, Hong Kong Convention and Exhibition Centre**

**Registration and Abstract Submission Form**

Please complete this form in **BLOCK** letters

Title (please tick **✓** ): Prof Dr Mr Ms

Surname: Given Name:

Department:

Institution:

Address:

City:

Country: Telephone:

Fax: E-mail:

**I require an invitation letter for visa purposes:** (please tick **✓** ) **Yes No**

I will submit an Abstract: Yes No I am the Presenting Author

**Early Registration**

**Before 11 September 2016 After 11 September 2016**

Chairmen and Speakers Free Free

Members of ICSM HK$50 HK$50

Non-members HK$200 HK$250

Registration fee includes lunch. Please indicate whether you would attend by ✓ in the box:

Lunch: Yes No

Cheques should be crossed and made payable to: **‘The University of Hong Kong”**. Please write your name and institution on the back of the cheque, and mail it to: **The Institute of Cardiovascular Science and Medicine, C/O LLink Ltd, Room 2302, 23/F, Kwai Hung Holdings Centre, 89 King’s Road, North Point, Hong Kong**

The completed registration form may be sent to **icsm@llink.com.hk** as an e-mail attachment (cheque to follow by post), or mailed to the above address along with your cheque.

You can also register for this conference by submitting the online form via our website:

**http://www.icsm-hk.org/conferences.php**