REGISTRATION FORM

Please complete the form below and return it with appropriate payment to the Conference Secretariat:

MIMS (Hong Kong) Limited
Unit 2606-2609, 26/F, AIA Tower
183 Electric Road, North Point, Hong Kong
Tel: (852) 2116 4320 Fax: (852) 2559 6910 Email: registration@ptcog-ao2025.hk

Personal Details (Please type or print in block letters and "√" where appropriate)

Title:	☐ Professor	☐ Dr.	☐ Mr.	☐Ms.
First name:		Last name:		
Job title:				
Department:				
Organization:				
Address:				
		Country:		
Tel: ( )	Fax: ( )		E-mail:	

PAYMENT

By Cheque / Bank Draft (in HKD / USD):
Crossed cheque / bank draft (with name and phone number written at the back) to be made payable to **"HKSH Medical Group Limited"** and send it to Conference Secretariat.

Category	Early Bird* (on or before 15 Aug 2025)		Normal (on or before 27 Oct 2025)		On-site (7 - 8 Nov 2025)	
Doctors	☐	**HKD 2,500 / USD 340**	☐	**HKD 2,800 / USD 375**	☐	**HKD 3,200 / USD 430**
Doctors (Members of Supporting Organizations^)	☐	**HKD 2,000 / USD 270**	☐	**HKD 2,250 / USD 300**	☐	**HKD 2,600 / USD 350**
Allied Health Professionals /Students	☐	**HKD 1,250 / USD 170**	☐	**HKD 1,400 / USD 190**	☐	**HKD 1,600 / USD 215**
Allied Health Professionals /Students (Members of Supporting Organizations^)	☐	**HKD 1,000 / USD 135**	☐	**HKD 1,150 / USD 155**	☐	**HKD 1,300 / USD 175**

Tour to Proton Therapy Centre on 9 Nov#	If you would like to join the Tour on 9 Nov, please tick the box							
Time Slot	☐	**9:00 – 10:00**	☐	**10:00 – 11:00**	☐	**11:00 – 12:00**	☐	**12:00 – 13:00**

Gala Dinner	Normal (on or before 27 Oct 2025)	
All Category	☐	**HKD 800 / USD 110**

For postal registration payment, foreign cheque is not acceptable.
To receive the early-bird discount, the registration form received must be postmarked on or before **15 Aug 2025.*
 # Seats are limited and will be allocated on a first-come, first-served basis.
^Hong Kong College of Radiologists (HKCR)

I enclosed a cheque / bank draft in the sum of HKD / USD _____ as the registration fee for attending the Conference.

Issuing Bank:_____ Cheque Number / Bank Draft:_____

Signature:_____ Date:_____