

14<sup>th</sup> Congress of Asian Federation of Catholic Medical Associations  
27-30 November 2008

**REGISTRATION FORM (overseas)**

**DEADLINE FOR EARLY REGISTRATION : 15 AUGUST 2008**

Please complete one form for EACH delegate

**Particulars of Delegate**

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

Reg. no.: \_\_\_\_\_

Secretariat use only

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

Gender:  Mr.  Ms. Vegetarian: Yes No Nationality: \_\_\_\_\_

Name: \_\_\_\_\_ (First Name) \_\_\_\_\_ (Last Name)

Chinese name (if any): \_\_\_\_\_

Position: \_\_\_\_\_ Institute / Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_ Phone no.: \_\_\_\_\_ --- \_\_\_\_\_

**Registration details**

No. of accompanied persons attending  
Congress & Banquet : \_\_\_\_\_ (USD100 each)

(1) (Mr./Ms./Mrs.) \_\_\_\_\_

(2) (Mr./Ms./Mrs.) \_\_\_\_\_

(3) (Mr./Ms./Mrs.) \_\_\_\_\_

No. of accompanied persons attending  
congress Banquet only : \_\_\_\_\_ (USD30  
each)

1. (Mr./Ms./Mrs.) \_\_\_\_\_

2. (Mr./Ms./Mrs.) \_\_\_\_\_

3. (Mr./Ms./Mrs.) \_\_\_\_\_

Total payment : USD \_\_\_\_\_ Bankdraft no.: \_\_\_\_\_ Bank:  
\_\_\_\_\_

(payable to "The Guild of St. Luke, St. Cosmas and St. Damian Hong Kong")

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

Signature of delegate: \_\_\_\_\_

Please send registration form and payment to:

The Guild of St. Luke, St Cosmas and St. Damian Hong Kong

AFCMA 2008 Hong Kong  
Human Dignity in Modern Medicine

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PO Box 11302, G.P.O., Hong Kong SAR, China