

International Conference on Promoting Chronic Care

8-10 January 2010, The Hong Kong Polytechnic University (Jockey Club Auditorium)

REGISTRATION FORM

Please complete the form below and return it with the appropriate payment to: **Conference Secretariat**
c/o International Conference Consultants Ltd, Unit 301, The Centre Mark, 287-299 Queen's Road Central, Hong Kong
 Tel: (852) 2559 9973 Fax: (852) 2547 9528 Email: reg@Chronic-Care2010.org

You are recommended to register through online system at www.Chronic-Care2010.org

(A) PERSONAL INFORMATION

(Please type or print in block letters and ✓ where appropriate)

Delegate

Title: Prof. Dr. Mr. Mrs. Ms. Others, please specify: _____
 Family Name: _____ First Name: _____
 Position: _____ Department: _____
 Organization: _____
 Address: _____
 City/State: _____ Postcode: _____ Country: _____
 Tel: _____ Fax: _____ Email: _____

I am a People with disability (PWD). I will be accompanied by an Attendant. Yes No

Attendant

Title: Prof. Dr. Mr. Mrs. Ms. Others, please specify: _____
 Family Name: _____ First Name: _____

COMPLETED BY PRESENTING AUTHOR: Please fill in the Abstract No. of your submitted paper(s) for Oral / Poster Presentation.

| | | | |
|---------------|---------------|---------------|---------------|
| Abstract No.: | Abstract No.: | Abstract No.: | Abstract No.: |
|---------------|---------------|---------------|---------------|

(B) REGISTRATION FEE

| Category | Payment on or before 30 November 2009 | | Payment after 30 November 2009 |
|-----------------------------|---|---|--|
| Overseas Delegate - Zone 1 | <input type="checkbox"/> HK\$1,500 / US\$192 | | <input type="checkbox"/> HK\$2,000 / US\$256 |
| Overseas Delegate - Zone 2 | <input type="checkbox"/> HK\$1,000 / US\$128 | | <input type="checkbox"/> HK\$1,500 / US\$192 |
| Local Member #1 | <input type="checkbox"/> HK\$1,000 / US\$128 | | <input type="checkbox"/> HK\$1,200 / US\$154 |
| Local Non-Member | <input type="checkbox"/> HK\$1,500 / US\$192 | | <input type="checkbox"/> HK\$2,000 / US\$256 |
| Day Pass - Local Member #1 | <input type="checkbox"/> 8 January HK\$700 / US\$90 | <input type="checkbox"/> 9 January HK\$700 / US\$90 | <input type="checkbox"/> 10 January HK\$700 / US\$90 |
| | <input type="checkbox"/> 8 January HK\$1,300 / US\$167 | <input type="checkbox"/> 9 January HK\$1,300 / US\$167 | <input type="checkbox"/> 10 January HK\$1,300 / US\$167 |
| Day Pass - Local Non-Member | | | |
| Full-time Students #2 | | <input type="checkbox"/> HK\$300 / US\$39 | |
| PWD with 1 Attendant #3 | | <input type="checkbox"/> HK\$300 / US\$39 | |
| Total (B): | | | HK\$ |

Registration fee includes: Admission to all sessions except optional workshops and field visit, conference materials, coffee/tea breaks and Opening Ceremony. Lunch is NOT provided.

#1 - Local members from the organizations of the Organizers, Co-organizers and Supporting Parties.

#2 - Student must be a full-time student of recognized nursing/medical school, social work and etc. Proof of status issued by their institutes is required. Limited seats are allocated to students. Registration is on first-come-first-served basis.

#3 - People with disability (PWD) may be required to produce doctor's certificate for proof. An attendant is a person who accompanies a People with disability (PWD) to provide services related to the disability in attending the conference. No conference materials will be provided to the attendant.

Zone 1: American Samoa, Andorra, Antigua And Barbuda, Antilles, Argentina, Aruba, Australia, Austria, Bahamas, Bahrain, Barbados, Belgium, Belize, Bermuda, Botswana, Brazil, Brunei, Canada, Cayman Islands, Channel Islands, Chile, Costa Rica, Croatia, Cyprus, Czech Republic, Denmark, Dominica, Estonia, Faeroe Islands, Finland, France, French Polynesia, Gabon, Germany, Greece, Greenland, Grenada, Guam, Hungary, Iceland, Ireland, Israel, Italy, Japan, South Korea, Kuwait, Latvia, Lebanon, Libya, Liechtenstein, Lithuania, Luxembourg, Macao, Malaysia, Malta, Mauritius, Mayotte, Mexico, Monaco, Netherlands, New Caledonia, New Zealand, Northern Mariana Islands, Norway, Oman, Palau, Panama, Poland, Portugal, Puerto Rico, Qatar, Russian Federation, Saudi Arabia, Seychelles, Singapore, Slovak Republic, Slovenia, South Africa, Spain, St. Kitts And Nevis, St. Lucia, St. Vincent And The Grenadines, Sweden, Switzerland, Taiwan, Thailand, Trinidad And Tobago, Turkey, United Arab Emirates, United Kingdom, United States Of America, Uruguay, Venezuela, Virgin Islands.

Zone 2: Afghanistan, Albania, Algeria, Angola, Armenia, Azerbaijan, Bangladesh, Belarus, Benin, Bhutan, Bolivia, Bosnia and Herzegovina, Bulgaria, Burkina Faso, Burundi, Cambodia, Cameroon, Cape Verde, Central African Republic, Chad, China, Colombia, Comoros, Congo, Dem. Rep., Congo, Rep., Cote d'Ivoire, Cuba, Djibouti, Dominican Republic, Ecuador, Egypt, El Salvador, Eritrea, Equatorial Guinea, Ethiopia, Fiji, Gambia, Georgia, Ghana, Guatemala, Guinea, Guinea-Bissau, Guyana, Haiti, Honduras, Indonesia, India, Iran, Iraq, Jamaica, Jordan, Kazakhstan, Kenya, Kiribati, Kyrgyz Republic, Laos, Lesotho, Liberia, Macedonia, Madagascar, Malawi, Maldives, Mali, Marshall Islands, Mauritania, Micronesia, Moldova, Mongolia, Morocco, Mozambique, Myanmar, Namibia, Nepal, Nicaragua, Niger, Nigeria, North Korea, Pakistan, Papua New Guinea, Paraguay, Peru, Philippines, Romania, Rwanda, Samoa, Sao Tome and Principe, Senegal, Serbia and Montenegro, Sierra Leone, Solomon Islands, Somalia, Sri Lanka, Sudan, Suriname, Swaziland, Syrian Arab Republic, Tajikistan, Tanzania, Timor-Leste, Togo, Tonga, Tunisia, Turkmenistan, Uganda, Ukraine, Uzbekistan, Vanuatu, Vietnam, West Bank and Gaza, Yemen, Zambia, Zimbabwe.

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Family Name: _____ First Name: _____

(C) PRE-CONFERENCE WORKSHOP

*Additional fee is required for these optional workshops. Delegates can register solely for the workshop(s).

| Workshops | Workshop Fee |
|--|---|
| A – Using Participatory Approaches in Rural China: Experience in Health and Disability Projects (09:00-12:00, 6 January) | <input type="checkbox"/> HK\$600 / US\$77 |
| B – Pain Management in Community Setting (09:00-12:00, 6 January) | <input type="checkbox"/> HK\$600 / US\$77 |
| C – Effective Health Education and Health Promotion (14:00-17:00, 6 January) | <input type="checkbox"/> HK\$600 / US\$77 |
| D – Pain Control by Integrative Hypnotherapy (14:00-17:00, 6 January) | <input type="checkbox"/> HK\$600 / US\$77 |
| E – Clinicians Capabilities for Self-management Support of People with Chronic Condition (09:00-12:00, 7 January) | <input type="checkbox"/> HK\$600 / US\$77 |
| F – What a Beautiful Life - Talking about Life and Death with Our Patients (09:00-12:00, 7 January) | <input type="checkbox"/> HK\$600 / US\$77 |
| G – Nothing about us without us: Being an Empowered Patient (14:00-17:00, 7 January) | <input type="checkbox"/> HK\$600 / US\$77 |
| H – Evaluating Chronic Disease Self-management Programs (14:00-17:00, 7 January) | <input type="checkbox"/> HK\$600 / US\$77 |
| Total (C): | HK\$ |

(D) FIELD VISIT

*Participant must be a registered delegate. The fee, HK\$100 per person, is for arranging transportation.

| | |
|---|---|
| Local Health & Social Service Agency Visit (11 January) | <input type="checkbox"/> HK\$100 / US\$13 |
| I will be accompanied by an Attendant. <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> HK\$100 / US\$13 |
| Total (D): | HK\$ |

(E) HOTEL AND TOUR: Please send me the information.

(F) PAYMENT DECLARATION

I would like to settle the payment of **HK\$** _____ **(B+C+D)** by:

WE ONLY ACCEPT HONG KONG DOLLARS.

Cheque payable to “**Hong Kong Society for Rehabilitation**”

Credit Card: Visa MasterCard

I hereby authorize International Conference Consultants Limited (ICC Ltd.) to debit the above-mentioned amount from my card.

Card Number: _____ - _____ - _____ - _____ Expiry Date (MM/YY): _____ - _____

Name of Cardholder: _____

Signature: _____ Date: _____

I hereby agree to be bound by the rules and regulations of the conference as below:

1. Each registrant should complete a separate registration form. Photocopy of the registration form is acceptable.
2. Registration form without payment will NOT be processed. Please do NOT send cash.
3. Secretariat will send a letter of confirmation by email upon receipt of your registration form and full payment. Kindly check all the listed items. Any changes or alterations must be made in writing to the Secretariat.
4. Refund for cancellation of registration will be made and subject to the following deadline and administration charge:
All cancellations must be made in writing to the Secretariat and the refund will be made after the Conference.

| | |
|----------------------------|-----------------------------|
| On/before 30 November 2009 | 50% of the registration fee |
| After 30 November 2009 | No refund |

5. The programme is subject to change without prior notice. In the event of cancellation of the Conference, the only liability of the Organizers is to refund all the registration fees paid.
6. The Workshops may be cancelled due to insufficient enrolment. Refund will be made after the Conference.
7. The prevailing exchange rate is approximately US\$1 to HK\$7.80.