

REGISTRATION FORM

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

MIMS (Hong Kong) Limited Unit 2606-2609, 26/F, AIA Tower

183 Electric Road, North Point, Hong Kong

| Personal Details (Pl | ease type o | r prin | t in l | block l | etters | and "√ | ' w | nere app | rop | oriate) | | | | | |
|--|---|----------------|--------|------------------|----------------------------|-------------------------------|----------|----------------------|---------|------------------------------------|-------|---|----------------------|-----------------------|------|
| itle: | | □ Dr. | | □ Mr. | | | | □Ms. | | | | | | | |
| First name: | | | | | Last n | Last name: | | | | | | | | | |
| Job title: | | | | | | | | | | | | | | | |
| Department: | | | | | | | | | | | | | | | |
| Organization: | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | |
| | | | | | Count | ry: | | | | | | | | | |
| Tel: () Fax: (| | |) | | | | E-mail: | | | | | | | | |
| | | | | F | l. Diad | | | N | | 1 | | | 0 | ••- | |
| Category | | | (on | or befo | ly Bird re 20 Ju | ıl 2025) | (on | Nor or before | | I Aug 2025) | | (5 - | On-s 7 Sep | i te 5 2025 |) |
| Members of HKCD / HKSDV / HKSPD | | | HKD : | 750 / U | SD 100 | | HKD 1,00 | 00 / | USD 135 | | HKD | 1,200 |) / USI | D 160 | |
| Non-members | | | HKD 1 | ,500 / ι | JSD 200 | | HKD 2,00 | 00 / | USD 270 | | HKD | 2,400 |) / USI | D 320 | |
| Allied Health Professionals / Administrative Staff / Nurses / Trainees | | | HKD : | 750 / U | SD 100 | | HKD 950 |) / C | USD 130 | | HKD | 1,150 |) / USI | D 155 | |
| Members of Supporting Organisations (Doctors) | | | HKD 1 | ,200 / ι | JSD 160 | | HKD 1,60 | 00 / | USD 215 | | HKD | 1,920 |) / USI | D 255 | |
| Members of Supporting Organisations (Allied Health Professionals / Administrative Staff / Nurses / Trainees) | | | HKD | 600 / U | ISD 80 | | HKD 760 |)/(| USD 105 | | нк | D 920 | / USD | 125 | |
| Workshop# | | | | (on a | | ly Bird re 20 Jul 2 | 2021 | 5) | | (on or b | | Norm | | 2025) | |
| Workshop 1: Filler a | Workshop 1: Filler and Botulinum Toxin | | | (611 | 01 50101 | C 20 Jul | | | | (011 01) | , , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 7106 | -0-5, | |
| Workshop 2: Dermatopathology | | | | | | | | | | | | | | | |
| Workshop 3: Skin Tightening | | | | HKD 750 / USD 10 | | | 0 | | 1 | KD 950 / USD 130 (Per workshop) | | | | | |
| Workshop 4: Laser and Energy-based Devices | | | | | | | | | rksno | 9) | | | | | |
| Workshop 5: Dermatologic Surgery | | | | | | | | | | | | | | | |
| Workshop 6: Artificial Intelligence (AI) and Telemedicine | | | | | | | | | | | | | | | |
| #Participants must register for your participation. | or the Summit to j | oin the c | ourses | s. Due to t | he limite | d availabilit | y of s | eats, early re | gistı | ration is stron | gly r | recomi | mended | to ens | ure |
| PAYMENT | | | | | | | | | | | | | | | |
| By Cheque / Bank Draft (i | draft (with nam | | | | er writte | en at the | bac | k) to be m | nade | e payable t | o " | Hong | Kong | Colleg | e of |
| Dermatologists Limited" | | | | | | | _ | | catio | on foo for at | toni | الدامانات | | | |
| | c draft in the sur | n of <u>HK</u> | D / US | <u>SD</u> | | | a | s the registr | atic | on ice ioi at | CIII | uing t | he Sun | imit. | |
| Dermatologists Limited" | | | | <u>SD</u> | | Cheque Ni | | | | | | | | | |