

Friday, March 15th ♦ The Ritz-Carlton

## **Symposium Registration Form**

Please Fax Form to Joyce Chan at 2408 2518

✓ Salutation
✓ First Name
✓ Surname
Job Title
✓ Email
✓ Phone Number
✓ Clinic/Company
( $\checkmark$ ) Mandatory information is required for registration.
Payment Details:
(1) Pay by Credit Card
✓ Fee O Doctor HK\$1,500
✓ Nurse HK\$ 800
✓ Payment by: VISA
Name on Card:
Card Number: (Without hyphen '-')
✓ Expiry Date (mm/yy) CCV Number:
• • • • • • • • • • • • • • • • • • • •
I authorize Veterinary Specialty Hospital of Hong Kong Ltd to charge the amount stated above from
this credit card.
✓ Signature (as it appears on the credit card): ✓ Date:
▼ Signature (as it appears on the credit card):
Note: Payment will not be charged until the registration is confirmed. You will receive a confirmation
DIGLE FAVORED WILLDOLDE CHAMEN UNTIL THE FEDISITATION IS CONTITUED TOOL WILL FECEIVE A CONTITUATION

Note: Payment will not be charged until the registration is confirmed. You will receive a confirmation email once your place is confirmed.

**(2) Pay by Direct Bank Transfer:** HSBC Account No: 652-412644-838. Account Name: Veterinary Specialty Hospital of Hong Kong Ltd. By Fax to 2408 2518 for registration and please attached the bank slip.

## Refund Policy:

You can cancel your registration before 15 working days of the event by email to symposium@vsh.com.hk. The fee will be refunded when you receive a cancellation email. (However, the refund amount will be deducted 15% handling charges when your seat has been confirmed)