

REGISTRATION FORM

Please type or print in Block Letters & return this form together with full payment to:

4 October 2017

The Conference Secretariat, 24th Annual Congress of Gerontology 1/F, Kimberley House, 35 Kimberley Road, Tsim Shui Tsui

I.	Personal Data			
	Title: Prof. / Dr. / Mr. / Mrs. / Miss / Ms	Sex: M/]	F	
	Surname:			
	First Name:			
	Organization & Department:			
	Position:			
	Mailing Address:			
	Telephone no.:			
	Fax no.:			
	Email Address:			
II.	Registration Fee (Please tick)			
	1. Member of Hong Kong Association of Geron (Maximum 5 nominations for each organi			HK\$450
	2. Non-member:	<u>Zation member</u>)		HK\$600
	3. Overseas:	- (' 1 1 1)		US\$150
	4. Full-time Student (proof is required; lunch no (Limited quota; priority will be given to p	<i>,</i>		HK\$100
Please make a cheque payable to: Hong Kong Association of Gerontology				
Due to limited seating capacity, early registration will be appreciated.				
For enquiries, please contact the secretariat at (852) 2775-5756.				
Em	ail: <u>info@hkag.org</u> Fax: 2775-5586	Homepage: 1	nttp://ww	w.hkag.org