



eHealth Forum cum eHealth Consortium Annual Dinner Reservation Form

Personal Details

Name: _____
Email: _____ Contact No.: _____
Company / Organization: _____ Title: _____

Seats Reservation

- Individual Member (HK\$600 per Seat)** **Non Member (HK\$800 per Seat)**
- No of Seats Needed: _____ - No of Seats Needed: _____

For Corporate / NGO Members, separated form is provided.

Payment Methods

- Direct Transfer to the eHealth Consortium Limited Bank Account:
- **Beneficiary Bank:** Bank of Communications Co., Ltd. Hong Kong Branch
- **Swift Code:** COMMHKHH
- **Beneficiary:** eHealth Consortium Limited
- **A/C No.:** 027-559-0-202098-9

Please mail the original bank pay-in-slip together with this form to the eHealth Consortium Limited.

- Crossed Cheque:

Cheque No:

Please make your cheque payable to the "eHealth Consortium Limited" and mail together with this form for an official receipt.

Remarks:

1. Please send the form to the Secretariat of eHealth Consortium via Email (info@ehealth.org.hk) on or before 30 December 2016. No cancellation will be accepted after submission of form. Seats are limited. First Come First Served.
2. Payment should be settled to eHealth Consortium on or before 30 December 2016.
3. For enquiry, please contact the Secretariat of eHealth Consortium (Phone: 3488 3762 / Email: info@ehealth.org.hk)