



eHealth Consortium Annual Dinner Reservation Form

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

Seats Reservation	
<input type="checkbox"/> Individual Member (HK\$600 per Seat) - No of Seats Needed: _____	<input type="checkbox"/> Non Member (HK\$800 per Seat) - No of Seats Needed: _____
<i>For Corporate / NGO Members, separated form is provided.</i>	

Payment Methods
<input type="checkbox"/> 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.: 382-559-0-202098-9 <i>Please mail the original bank pay-in-slip together with this form to the eHealth Consortium Limited.</i>
<input type="checkbox"/> Crossed Cheque: Cheque No: _____ <i>Please make your cheque payable to the "eHealth Consortium Limited" and mail together with this form for an official receipt.</i>

Remarks:

1. Please send the form to the Secretariat of eHealth Consortium via Email (info@ehealth.org.hk) on or before 9th February 2018. 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 9th February 2018.
3. For enquiry, please contact the Secretariat of eHealth Consortium (Phone: 3488 3762 / Email: info@ehealth.org.hk)