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**Registration Form**

Payments using this registration form must be made in **HK dollars** and by **credit card or cheque**. They will be transferred to the account of The University of Hong Kong. We cannot process other forms of payment. Registration will not be completed until the payment has been received.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **REGISTRATION FEES** | | | | | |
| **Pre-conference Workshop** | | | | | |
|  | **Early-bird**  **(1 Apr 2017**  **to ~~30 Jun 2017~~**  **revised to 15 Jul 2017)** | | **Regular**  **(~~1 Jul 2017~~**  **Revised to 16 Jul 2017**  **to 3 Oct 2017)** | | **On-site** |
| Pre-conference Workshop One  Laryngeal imaging (Stroboscopy & FEES) | HK$2,500 | | HK$3,000 | | HK$3,500 |
| Pre-conference Workshop Two  Advanced voice and swallowing training workshop | HK$1,000 | | HK$1,500 | | HK$2,000 |
| Pre-conference Workshop Three  Symposium for early-career researchers and postgraduates |  | | | | |
| Presenter | HK$200 | | HK$500 | - | |
| Non-presenter | HK$300 | | HK$800 | - | |
| **Main AQL conference** | | | | | |
| Regular participants | | HK$3,000 | HK$3,500 | HK$4,000 | |
| Presenters at the “Symposium for early-career researchers and postgraduates” | | HK$1,200 | HK$1,400 | HK$1,500 | |
| Full-time undergraduate and postgraduate students (Proof of Student ID has to be submitted during the registration process) | | HK$1,500 | HK$1,800 | HK$2,000 | |

Please complete the following registration details as appropriate. Registration confirmation will be sent to you via email upon receiving your remittance. This conference uses PDF and there is no printed copy.

Cancellation and refund will not be entertained after registration.

Please type or complete in block letters and tick the appropriate box(es). Sign and return this form to our conference secretariat either by mail, fax or email:

|  |  |
| --- | --- |
| By mail: | Conference Secretariat of “The AQL 2017 Hong Kong”  7/F, Meng Wah Complex  Division of Speech and Hearing Sciences  The University of Hong Kong  Pok Fu Lam, Hong Kong |
| By fax: | +852 2559 0060 |
| By email: | [aql2017hk@hku.hk](mailto:aql2017hk@hku.hk) |

**AQL 2017 Conference Registration**

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| --- | --- | --- | --- | --- | --- | --- |
| **Title** **(Please circle)** | | **Family Name** | | | **Given Name** | |
| Prof. / Dr. / Mr. / Mrs. / Ms. | |  | | |  | |
| **Preferred Name On Name Tag** | |  | | | | |
| **Affiliation** | |  | | | | |
| **Correspondence address** | |  | | | | |
|  | | | | |
| **Tel.** |  | | **Fax (if available)** | | |  |
| **Email** |  | | | | | |
| **Signature** |  | | | **Date** | |  |
| **Please tick where appropriate:** | | | | | | |
| ☐ Require a receipt for this registration | | | | | | |
| ☐ Require a conference invitation letter for the application of travel visa to Hong Kong | | | | | | |
| ☐ Registration fee to by paid by credit card (please provide details on the following page) | | | | | | |
| ☐ Registration fee to be paid by cheque \* (Bank: \_\_\_\_\_\_\_\_\_\_\_\_; Cheque number: \_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | |

*Personal data provided in this form will be used for administrative and statistical purposes.*

\* For payment by cheque, please make the cheque payable to “The University of Hong Kong”, and send the cheque together with the completed registration form to the mailing address above.

*Please continue on the next page*

**AQL Hong Kong 2017 Registration Charges**

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| --- | --- | --- |
| **REGISTRATION DETAILS** | **AMOUNT** | |
|  | **Early-bird**  **(1 Apr 2017**  **to ~~30 Jun 2017~~**  **revised to 15 Jul 2017)** | **Regular**  **(~~1 Jul 2017~~**  **Revised to 16 Jul 2017**  **to 3 Oct 2017)** |
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| **Pre-conference Workshop One**  Laryngeal imaging (Stroboscopy & FEES) | ☐ HK$2,500 | ☐ HK$3,000 |
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| **Pre-conference Workshop Three**  Symposium for early-career researchers and postgraduates |  | |
| * Presenter | ☐ HK$200 | ☐ HK$500 |
| * Non-presenter | ☐ HK$300 | ☐ HK$800 |
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| Regular participants | ☐ HK$3,000 | ☐ HK$3,500 |
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|  |  |
| --- | --- |
| **TOTAL AMOUNT:** | **HK$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Credit Card Details** (not applicable for payment by cheque) | | | |
| Type of Credit card: | | ☐ VISA | ☐ MasterCard |
| Cardholder’s Name (as printed on the card): | |  | |
| Credit Card Number: | |  | |
| Check digits / CVV number:  (to be found next to your signature)  \*\* ***DO NOT*** send us your PIN | |  | |
| Credit Card Expiration Date: | | \_\_\_\_ (Month) \_\_\_\_ (Year) | |
| Total amount to be charged: | | HK$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Cardholder’s Signature |  | | |