

Payments using this registration form must be made in <u>HK dollars</u> and by <u>credit card or cheque</u>. 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	нк\$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	НК\$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	НК\$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

AQL 2017 Conference Registration

Title (Please	circle)	Family Name			Given Name	
Prof. / Dr. /	Mr. / Mrs. / Ms.					
Preferred Name On Name Tag						
Affiliation						
Correspond	ence address					
Tel.		Fax (if available)		f available)		
Email						
Signature			Date			
Please tick where appropriate:						
☐ Require a receipt for this registration						
$\ \square$ 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.

AQL Hong Kong 2017 Registration Charges

REGISTRATION DETAILS		AMOUNT			
		Early-bird	Regular		
		(1 Apr 2017	(1 Jul 2017 Revised to 16 Jul 2017		
		to 30 Jun 2017 revised to 15 Jul 2017)	to 3 Oct 2017)		
Pre-conference Workshop					
Pre-conference Workshop One		□ 11K¢3 E00	□ 11K¢3 000		
Laryngeal imaging (Stroboscopy & FEES)		□ HK\$2,500	□ HK\$3,000		
Pre-conference Workshop Two					
Advanced voice and swallowing training		☐ HK\$1,000	☐ HK\$1,500		
·	workshop				
Pre-conference Workshop Three					
Symposium for early-career researchers and					
postgraduates		1	1		
Presenter		☐ HK\$200	☐ HK\$500		
Non-presenter		☐ HK\$300	☐ HK\$800		
Main AQ	L cor	nference			
Regular participants		☐ HK\$3,000	☐ HK\$3,500		
Presenters at the "Symposium for early-caree	r	☐ HK\$1,200	□ HK\$1,400		
researchers and postgraduates"		□ 11(Q1,200	- TIN(\$1),400		
Full-time undergraduate and postgraduate students (Proof of Student ID has to be submitted during the registration process)		□ HK\$1,500	□ HK\$1,800		
TOTAL AMOU	TOTAL AMOUNT:		нк\$		
Credit Card Details (not ap	plical	ble for payment by che	eque)		
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					