

Croucher Advanced Study Institute –
Structure-Based Screening and Design of Ligands
Registration Form

From:

Title:

Address:

Tel:

Fax:

Email:

To: P.C. Shaw, Department of Biochemistry, Chinese University of Hong Kong, Shatin, N.T.,
Hong Kong SAR.

Deadline for registration and poster abstract submission: November 6 2009

Please tick(✓) as appropriate

A. Lectures and Workshops

- I shall attend (some of) the lectures
 I shall not be able to attend any lecture

Besides attending the lectures, I would like to participate in the workshop(s):

- Workshop conducted by Brian Shoichet and colleagues, on the use of DOCK and related programs for drug screening and design (pm, December 14-17)
 Workshop conducted by Arthur Olson and colleagues, on the use of AUTODOCK and related programs for drug screening and design (am and pm, December 18-19)

For details of the activities, please refer to the tentative programme. Please provide a brief description of your research interest, potential usage of techniques learned and other relevant information, which you think would be helpful in our selection of suitable applicants in the event of over-subscription.

B. Lunch (HK\$50 per meal)

(1) I would like to reserve lunch for the following date(s):

___ 15/12, ___ 16/12, ___ 17/12, ___ 18/12, ___ 19/12

___ I do not need to reserve any lunch.

Together with this form, please send a separate cheque payable to ‘The Chinese University of Hong Kong’ for lunch. The cheque will be returned if not selected. No refund will be made if there is no turn up. Please write your name (and Registration Reference No if you have made your registration online) at the back of your cheque and return it to

Croucher ASI 2009 (c/o Ms. Celia Poon)

Department of Biochemistry

The Chinese University of Hong Kong

Room 192, Science Centre South Block

Shatin N.T.

Hong Kong

Alternatively, you can pay the fee by credit card. Please fill in your Credit Card information below and send it to fax number: +852-26037246 or by email to croucher2009@gmail.com. Please remember to sign.

Card Type: Visa Card/Master Card (*delete as appropriate*)

Name of Cardholder (as it appears on card) _____

Card No. _____

Card Expiry Date _____/_____ (Month/Year)

Total Amount HKD _____

Signature: _____ Date: _____

C. Poster presentation

I intend to provide ___ abstract(s) for poster presentation.

Please email your abstract(s) to Prof. P.C. Shaw, c/o Ms. Celia Poon (email address: celia-poon@cuhk.edu.hk) by November 6, 2009 the latest. Please refer to the sample copy for the format.

Signature

Date

The tentative programme can be found in <http://www.bch.cuhk.edu.hk/croucher09/index.html>.

This form can also be downloaded from the same site.

Please fax the form to +852 26037246 or email to croucher2009@gmail.com