	Office	use	only:
Reg No: ()

REGISTRATION FORM

International Conference in Structural Biology

November 19-22, 2007 Esther Lee Building, Chung Chi College, The Chinese University of Hong Kong, Hong Kong

PLEASE COMPLETE IN BLOCK CAPITALS

Last Name:	First Nam	e:
-		
	Zip/Postal Code:	Country:
)Fax: ()	
E-mail:		
Please tick as a	appropriate	
	I wish to attend the conference.	
	I wish to present a poster at the conference	e titled:
		d structure of the abstract" written in the ICSB
	http://www.bch.cuhk.edu.hk/icsb/abstract.ht ail.com by August 31, 2007 the latest.	tml) and submit it electronically to
Registration H Please tick as a		
	Principal Investigator:	HK\$ 1,800
evening banqu	Student/Postdoctoral fellow [#] : ee & tea (Nov 19-22) and a program book. et on Nov 20, 2007. e a supporting letter from your supervisor in	HK\$ 500 Fee does not include lunch (Nov 19-22) and ndicating your status in your application.
Accommodati <i>Please tick as a</i>	on, lunch and Banquet: appropriate	
	I do not need accommodation.	
	I need accommodation at the Regal Rivers	side Hotel from November to, 2007.
	Room type: Shared room	HK\$ 400 per night
	Room type: Double room	HK\$ 800 per night
	FAV this form to 1	857 26025122

FAX this form to +852-26035123 REGISTRATION DEADLINE: *August 31, 2007*

I would like to include lunch on the following date. HK\$50 per lunch

- Nov 19, 2007
- Nov 20, 2007
- Nov 21, 2007
- Nov 22, 2007
- I would like to join the banquet held in the evening of November 20, 2007. HK\$300 per head

Special requirement for meal:

Please tick as appropriate

- I am a vegetarian.
- \square I do not have special requirement on food.

Payment Method:

By cheque

Bank cheque in HKD dollars or bank draft/international money order in US dollars should be made payable to the order of "The Chinese University of Hong Kong".

If you have made your registration online, please write your name and our Registration Reference No. at the back of your cheque and return it to:

International Conference in Structural Biology 2007

Department of Biochemistry The Chinese University of Hong Kong Room 516 Basic Medical Sciences Building, Shatin, N.T. Hong Kong, China

By credit card

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

Name of Cardholder (as it appears on card)				
Card No				
Expiry Date/	(Month/Year)			
Security code	(Last three numbers on the signature strip) (Amex – four numbers printed on the front)			
Total Amount <u>HKD^</u>				
^conversion r	ate for USD 1.00 ~ HKD 7.83			

Signature: _____ Date: _____

FAX this form to +852-26035123 **REGISTRATION DEADLINE:** August 31, 2007