



**INTERNATIONAL
DIGESTIVE DISEASE
FORUM (IDDF)**

Fee Waived
Official Use
Registration No.: _____
Date: _____

6 – 7 June 2015 • HONG KONG

REGISTRATION FORM

(Complimentary for Members of the Bangladesh Gastroenterology Society)

One registration form must be completed for each participant. Please print or write legibly. Please ✓ the appropriate boxes.
(First come, first served for the first 50 members)

Personal Information			
Title:	<input type="checkbox"/> Professor	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
First Name:	Last Name:		
Job Title:			
Department:			
Organization:			
Address:			
Country:		E-mail:	
Tel: ()	Mobile: ()	Fax: ()	

Category	Pre-registration (on or before 1 May 2015)	✓
Physician / Surgeon	Fee waived	
Allied Health Professional	Fee waived	

Signature: _____ Date: _____

Remarks:

Please mail or fax the completed form to the Secretariat **before 1 May 2015**:
IDDF 2015 Secretariat
MIMS (Hong Kong) Limited
 27/F., OTB Building, 160 Gloucester Road, Wanchai, Hong Kong
 Fax: (852) 2559 6910
 E-mail: registration@iddforum.com / agnes.ku@mims.com