HONG KONG ASSOCIATION OF GERONTOLOGY

24th Annual Congress of Gerontology

REGISTRATION FORM

Please type or print **in Block Letters** & return this form together with full payment to:

The Conference Secretariat, 24th Annual Congress of Gerontology
1/F, Kimberley House, 35 Kimberley Road, Tsim Shui Tsui

I. Personal Data

Title: Prof. / Dr. / Mr. / Mrs. / Miss / Ms Sex: M / F

Surname: _____

First Name: _____

Organization & Department: _____

Position: _____

Mailing Address: _____

_____

Telephone no.: _____

Fax no.: _____

Email Address: |_|_|_|