

Annual Dinner 2015 Reservation Form

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| Organization Details | |
| Organization Name: _____ Nature: _____ | |
| Contact Person (Primary) Name: _____ Title: _____ Email: _____ Contact No.: _____ | |
| Contact Person (Secondary) Name: _____ Title: _____ Email: _____ Contact No.: _____ | |
| Table Reservation | |
| <input type="checkbox"/> Supporting Organization (HK\$7,800) - One Dinner Table of 12 Seats | |
| <input type="checkbox"/> Seat for President / Chairman at Head Table (HK\$650 per Seat) - Name: _____ Title: _____ | |
| Payment Methods | |
| <input type="checkbox"/> Direct Transfer to the eHealth Consortium Limited Bank Account: - Beneficiary Bank: Bank of Communications Co., Ltd. Hong Kong Branch - Swift Code: COMMHKHH - Beneficiary: eHealth Consortium Limited - A/C No.: 027-559-0-202098-9 <i>Please mail the original bank pay-in-slip together with this form to the eHealth Consortium Limited.</i> | |
| <input type="checkbox"/> Crossed Cheque: Cheque No: _____ <i>Please make your cheque payable to the "eHealth Consortium Limited" and mail together with this form for an official receipt.</i> | |

Remarks:

1. Please send the form to the Secretariat of eHealth Consortium via Email (info@ehealth.org.hk) on or before 16 October 2015. No cancellation will be accepted after submission of form. Seats are limited. First Come First Served.
2. Payment should also be settled on or before 16 October 2015.
3. For enquiry, please contact the Secretariat (Phone: 3488 3762 / Email: info@ehealth.org.hk)

Authorized Signature with Company Chop

Date
