

# 8<sup>th</sup> Asia Pacific Congress of Medical Virology

## Viral Diseases: New Challenges - New Solutions

26-28 February 2009

Hong Kong Convention and Exhibition Centre

FAX TO: (852) 2735 8282

### Registration Form for Society Members

#### Delegate Information

Please complete this in BLOCK CAPITALS. Photocopy of this form is acceptable

Title (please tick ✓)     Prof.     Dr.     Mr.     Ms.

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Company/Institution: \_\_\_\_\_ Department/Unit: \_\_\_\_\_

Position: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

#### Registration Fee

Categories	Discounted Fee	Name of the Society	Member Number	Amount \$
<input type="checkbox"/> Special discount for Full Registration	HK\$1,800			
<input type="checkbox"/> Special discount for Day Registration	HK\$600			

(Discounted registration will allow the same entitlements as the regular registrations **EXCEPT** the congress banquet)

#### Cancellation Policy

50% of the paid registration fee will be returned (after deduction of any related transaction fees) if the cancellation is made on/before 09 February, 2009

No refund will be given if cancellation is made after 09 February, 2009

Please contact the Congress Secretariat c/o MV Destination Management Ltd (apcmv@mvdmc.com) in case of any cancellation

#### Payment Method

(Please put a "✓" in the appropriate boxes below)

- Bank Draft No. \_\_\_\_\_ payable to "MV Destination Management Ltd."
- I hereby authorize the "MV Destination Management Ltd" to charge my credit card for the amount of HK\$ \_\_\_\_\_ to cover my registration fee.
- American Express                       VISA Card                       Master Card

Name of Cardholder: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ CCV: \_\_\_\_\_  
(three-digit security code printed on the back of the card)

**APCMV Congress Secretariat c/o MV Destination Management Ltd.**  
Mail: Flat D, 8<sup>th</sup> Floor, Kim Tak Building, 328 Nathan Road, Jordan, Kowloon, Hong Kong  
Tel: (852) 2735 8118    Fax: (852) 2735 8282    Email: apcmv09@mvdmc.com

# 8<sup>th</sup> Asia Pacific Congress of Medical Virology

## Viral Diseases: New Challenges - New Solutions

26-28 February 2009

*Hong Kong Convention and Exhibition Centre*

Cardholder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*\* All Charges will be charged in Hong Kong Dollar*

# 8<sup>th</sup> Asia Pacific Congress of Medical Virology

## Viral Diseases: New Challenges - New Solutions

26-28 February 2009

Hong Kong Convention and Exhibition Centre

FAX TO: (852) 2735 8282

### ABSTRACT SUBMISSION FORM

#### Presenting Author Information

Please complete this in BLOCK CAPITALS. Photocopy of this form is acceptable

Title (please tick ✓)       Prof.       Dr.       Mr.       Ms.

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Company/Institution: \_\_\_\_\_ Department/Unit: \_\_\_\_\_

Position: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: (      ) \_\_\_\_\_ Fax: (      ) \_\_\_\_\_

#### Abstract Details

Abstract Title: \_\_\_\_\_

Author(s) Name: \_\_\_\_\_

Mode of presentation:       Oral       Poster

Categories: (Please choose one of the following categories for your abstract)

- |  |   |
|--|---|
| <input type="checkbox"/> Viral diagnostics                       | <input type="checkbox"/> Emerging and zoonotic infections           |
| <input type="checkbox"/> Vector borne diseases                   | <input type="checkbox"/> Diarrhoeal diseases                        |
| <input type="checkbox"/> Influenza and other respiratory viruses | <input type="checkbox"/> Viruses and cancer                         |
| <input type="checkbox"/> Blood borne viruses                     | <input type="checkbox"/> Prevention and control of viral Infections |

#### Guideline for Abstract Submission

- Abstracts must be submitted to the Congress Secretariat by e-mail before **24 November, 2008**
- All abstracts should be sent to [apcmv09@mvdmc.com](mailto:apcmv09@mvdmc.com) as document attachment
- Please save your file as an MS word 97/2000/xp (doc.) or Rich Text Format (RTF)
- Abstracts must be submitted with the Registration Form and relevant payment
- Abstract should contain original material never been previously published
- Type in black ink using Times New Roman font size 12 with single-line spacing
- Handwritten abstracts will not be accepted
- The length of the abstract must not exceed 250 words
- Capitalized the entire title, the author's name, institution, city and country. The name of the presenting author must be indicated first and underlined. Omit degrees, titles and full address
- All abstracts must be submitted and presented in **English**
- Notification of abstract status to presenting author will be issued by