



PD Symposium

An Appropriate Approach to Glucose Concentration in Peritoneal Dialysate

Speaker: **Dr. Martin Erskine WILLKIE**
Consultant Renal Physician
Sheffield Kidney Institute, United Kingdom

Chairperson: **Dr. Sing Leung LUI**
Chairman, Hong Kong Society of Nephrology
Consultant Physician, Tung Wah Hospital

Dr. Tze Hoi KWAN
Hon. Treasurer, Hong Kong Society of Nephrology
Consultant Physician, Tuen Mun Hospital

Date:	September 28 th , 2010 (Tuesday)	
Venue:	Jade Ballroom, 2/F, Eaton Hotel, 380 Nathan Road, Kln	
Time:	18:15-19:00	Registration
	19:00-19:45	Lecture
	19:45-20:00	Q&A
	20:00-21:30	Dinner

CME accreditation: Hong Kong College of Physicians 1 point

CNE accreditation: Nursing Council of Hong Kong 1 point

-----Reply Slip-----

Name: _____ **Doctor** **Nurse**

Hospital/Unit: _____ **Tel:** _____

Lecture **Dinner**

R.S.V.P.: Please fill in BLOCK LETTERS, tick the appropriate box and fax to Baxter Healthcare Ltd at 2807 8596 or please contact Ms. Li or Chan at 2807 8500 before 3rd September 2010 (Friday)
(Registration will be handled on a first-come-first-serve basis)

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PD Symposium
2/F., Jade Ballroom, Eaton Hotel, Kowloon
28th September 2010 (Tuesday)
Enrollment Form

From:		To:	Zoe Chan / Nancy Li
			Baxter Healthcare Ltd
Institute:		Fax:	2807 8596

***Kindly forward the reply slip on 3rd September 2010 the latest for registration.
 Registration will be handled on a first-come-first-serve basis.***

Attendees

1.		Dr.	<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Lecture	<input type="checkbox"/>	Dinner	<input type="checkbox"/>
2.		Dr.	<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Lecture	<input type="checkbox"/>	Dinner	<input type="checkbox"/>
3.		Dr.	<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Lecture	<input type="checkbox"/>	Dinner	<input type="checkbox"/>
4.		Dr.	<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Lecture	<input type="checkbox"/>	Dinner	<input type="checkbox"/>
5.		Dr.	<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Lecture	<input type="checkbox"/>	Dinner	<input type="checkbox"/>
6.		Dr.	<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Lecture	<input type="checkbox"/>	Dinner	<input type="checkbox"/>
7.		Dr.	<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Lecture	<input type="checkbox"/>	Dinner	<input type="checkbox"/>
8.		Dr.	<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Lecture	<input type="checkbox"/>	Dinner	<input type="checkbox"/>
9.		Dr.	<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Lecture	<input type="checkbox"/>	Dinner	<input type="checkbox"/>
10.		Dr.	<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Lecture	<input type="checkbox"/>	Dinner	<input type="checkbox"/>
11.		Dr.	<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Lecture	<input type="checkbox"/>	Dinner	<input type="checkbox"/>
12.		Dr.	<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Lecture	<input type="checkbox"/>	Dinner	<input type="checkbox"/>

(* Please tick where appropriate)

Tel. No. _____

Fax. No. _____

R.S.V.P.: Please fill this Enrollment Form in Block Letters and fax at 2807 8596 or call 28078500 to Miss Chan/Miss Li

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