

EAACI Hong Kong Allergy School 2025

✿ East Meets West

27 – 29 August 2025

Hong Kong (LKS Faculty of Medicine, University of Hong Kong)



REGISTRATION FORM

Please complete the form below and return it with appropriate payment to the Meeting Secretariat:

Meeting Secretariat:

MIMS (Hong Kong) Limited

Unit 2606 -2609, 26th Floor, AIA Tower, 183 Electric Road, North Point, Hong Kong

Tel: (852) 2155 8557 Fax: (852) 2559 6910 Email: registration@eaacihk2025.com

PERSONAL DETAILS: (Please type or print in block letters and "v" where appropriate)

Title:	<input type="checkbox"/> Professor	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.
First name:			Last name:	
Job title:				
Department:				

REGISTRATION FEES:

Category	Early Bird (on or before 15 July 2025)	Normal (16 July - 15 August 2025)
EAACI Junior Members*	HKD 2,000 (EUR 250)	HKD 2,400 (EUR 300)
EAACI Members*	HKD 2,800 (EUR 350)	HKD 3,400 (EUR 425)
Non-Members	HKD 3,600 (EUR 450) (Fee includes 1-year EAACI membership)	HKD 4,400 (EUR 550) (Fee includes 1-year EAACI membership)

* In order to enjoy the EAACI Member discount, an active and fully paid membership status is required at the time of registration.

Organization:		
Address:		
		Country:
Mobile: ()	Fax: ()	E-mail:
Membership No. of EAACI (If applicable):		

By Cheque or Bank Draft:

Crossed cheque in HKD or bank draft in EUR (with name and phone number written on the back) should be made payable to **"MIMS (Hong Kong) Limited T/A Congress & CME"**. Please mail this completed form and the payment to the Meeting Secretariat.

I enclosed a cheque in HKD / bank draft in EUR _____ as the registration fee for attending the EAACI Allergy School 2025 in Hong Kong.

Issuing Bank: _____

Cheque / Bank Draft Number: _____

Signature: _____

Date: _____

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HOTEL RESERVATION FORM

If you require hotel accommodation book through the Meeting Secretariat, please fill in the reservation form below and return it with the completed registration form:

REGISTERED NAME:

Title:	First name:	Last name:
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HOTEL ROOMS:

Hotel	One Night Deposit (per room)	No. and Type of Room
JEN Hong Kong by Shangri-La	HKD 1,130 net per room per night (around EUR 145)	_____ room (s) (single / twin / double)
Courtyard by Marriott Hong Kong	HKD 1,243 net per room per night (around EUR 160)	_____ room (s) (single / twin / double)
Le Meridien Hong Kong, Cyberport	HKD 1,243 net per room per night (around EUR 160)	_____ room (s) (single / twin / double)

Travel Details:

Arrival Date:		Arrival Flight:		Arrival Time:	
Departure Date:		No. of Nights:			

Credit Card Guarantee Information:

Card Issuing Bank:			
Name of Card Holder:			
Credit Card Number:			
Expiry Date:		CVV No.:	

Remarks:

- The room rates are room only including 10% SC and 3% government tax. Breakfast is not included.
- Reservation will only be made when the detailed credit card information is provided as guarantee.
- If written cancellation is received on or before 30 June 2025, 50% of the first-night deposit will be charged to the credit card as handling fee.
- If written cancellations is received after 30 June 2025 or on-the-day no show, one-night deposit for each room will be charged to the credit card as penalty. Please note that instead of one-night, full staying period for each room will be charged to the credit card as penalty if Le Meridien Hong Kong, Cyberport is chosen.

Signature: _____

Date: _____