

eHealth Forum 2009

8-9 October 2009

Hong Kong Academy of Medicine

Advertisement Order Form



Please return the completed form to: eHealth Forum Secretariat, 27th Floor, 9 Wing Hong Street, Cheung Sha Wan, Kowloon, Hong Kong. Tel : (852) 3488 3762, Fax : (852) 2778 0032, E-mail : info@ehealthforum2009.org.

Company Details

Company Name: _____

Contact Person: _____

Address: _____

Phone: _____ Fax : _____ Email : _____

Advertisement Rate Card

Please put a tick in the box next to the item your company wishes to sponsor.

| | Position | Size | Color | Insertion | Price |
|--------------------------|--------------------|----------------------|-------|-----------|------------|
| <input type="checkbox"/> | Outside back cover | 210mm (W)x 285mm (H) | 4C | 1 | HK\$30,000 |
| <input type="checkbox"/> | Inside front | 210mm (W)x 285mm (H) | 4C | 1 | HK\$25,000 |
| <input type="checkbox"/> | Inside back | 210mm (W)x 285mm (H) | 4C | 1 | HK\$20,000 |
| <input type="checkbox"/> | Two- Full page | 420mm (W)x 285mm (H) | 4C | 1 | HK\$15,000 |
| <input type="checkbox"/> | Full page | 210mm (W)x 285mm (H) | 4C | 1 | HK\$8,000 |

Remarks: Positions are available on a first-come-first-served basis. Booking must be made by 4 Sep 2009 and material must be sent to the secretariat by 19 Sep 2009.

Payment Method

By Bank Transfer (all bank handling charges to be borne by sender)

Account Name: eHealth Consortium Limited
Account Number: 083-340-200
Bank Code: 035
Bank Name: Wing Hang Bank
Swift Code: WIHBKHH
Currency: Hong Kong Dollar
Bank Branch: Aberdeen Branch
Bank Address: 190 Aberdeen Main Road, Hong Kong

By Hong Kong Local Cheque in HK Dollars made payable to "eHealth Consortium Limited"

Please send the cheque together with this form to eHealth Consortium Limited.

Confirmation

Signature of Authorized Personnel:

Company Chop:

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Name of Authorized Personnel:

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Date:

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