

LOCAL SUBSCRIPTION

I would like to subscribe the *Hong Kong Medical Journal*. The price of subscription for six issues (e.g. Volume 29, Number 1-6, 2023; supplements not included) is HK\$880.

Name of subscriber / organisation:

Telephone: Fax: E-mail:

Correspondence/billing address:

Contact person:

Delivery address (if not the same as above):

Subscription period: From Volume Number to Volume Number

Please send me an official receipt

Payment method:

Electronic payment: make bank transfer to the following account and attach a copy of the receipt with this form:

HKD saving account name: **HONG KONG ACADEMY OF MEDICINE**

HKD saving account number: **024-290-9-020055**

Cashier's order

Cheque: attach a cheque payable to **Hong Kong Academy of Medicine** with this form

Bank draft: attach a bank draft payable to **Hong Kong Academy of Medicine** with this form

Credit card: please complete the section below

I hereby authorize "Hong Kong Academy of Medicine" to debit the stated amount from my credit card:

Name of cardholder (as on the card):

Card number:

Expiry date (MM/YY):

Total amount: HK\$880

Cardholder's signature: Date: