

**Order Form / Notification of Change**

**Please update your information:**

Name: (Dr / Prof / Mr / Ms) \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Organizaton: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Would you like to have this future report?

- Yes. Please continue to send me the next edition of this report according to my updated information as above.
- I am the new user. Please send me the next edition of this report.
- No. Please send via e-mail instead.
- No. Please remove me from your mailing list.

Please complete and mail/fax this notification to:

Hong Kong Cancer Registry  
c/o Department of Clinical Oncology,  
Queen Elizabeth Hospital,  
30 Gascoigne Road,  
Kowloon, Hong Kong.

Fax: (852) 2958-5559

E-mail: [cancereg@ha.org.hk](mailto:cancereg@ha.org.hk)

Website: <http://www.ha.org.hk/cancereg>