



# 香港醫學會慈善基金

The Hong Kong Medical Association Charitable Foundation

## Photo Order Form

Event : \_\_\_\_\_

Name : \_\_\_\_\_ Membership No. : \_\_\_\_\_ (if applicable)

Address : \_\_\_\_\_  
\_\_\_\_\_

Contact Number : \_\_\_\_\_ Fax : \_\_\_\_\_

3R = \$5

4R = \$10

8R = \$25

12R = \$40

PhotoCD = \$80 (one set of CD-Rom containing all the photos taken at the particular Event)

Picture No.	Size	Quantity	Amount (\$)
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Total : \_\_\_\_\_

\*\*\* Please fill in the form and fax it to the HKMACF Secretariat. Fax : 2865 0943 \*\*\*