

2010 Hong Kong International Wrist Arthroscopy Workshop and Seminar

Registration Form

Name: _____
(First Name) (Family Name)

Hospital: _____

Specialist/Physician

Resident/Trainee

Correspondence Address: _____

Phone: _____ Fax: _____

E-mail: _____

Course and Fee: (please tick to select)

27th Oct 2010: Clinical Workshop on Chronic Wrist pain Management

Specialist/Physician: HK\$500 (US\$60)

Resident/Trainee/Therapist/Nurse: HK\$200 (US\$25)

27th Oct 2010: Symposium on Advances in Wrist and Hand Arthroscopy

Specialist/Physician: HK\$500 (US\$60)

Resident/Trainee/Therapist/Nurse: HK\$200 (US\$25)

28th Oct 2010: Hands-on Workshop

Basic Course:

Specialist/Physician: HK\$3600 (US\$450)

Resident/Trainee: HK\$2400 (US\$300)

Advanced Course: (for Specialist/Physician only)

Specialist/Physician: HK\$4400 (US\$550)

29th Oct, 2010: Hands-on Workshop

Basic Course:

Specialist/Physician: HK\$3600 (US\$450)

Resident/Trainee: HK\$2400 (US\$300)

Advanced Course: (for Specialist/Physician)

Specialist/Physician: HK\$4400 (US\$550)

Participants will be offered a maximum discount of HK\$400 (US\$50), if register for the Clinical Workshop, Symposium and at least one of the Hands-on Workshops.

(NOT APPLICABLE FOR Resident/Trainee/Therapist)

(Course fees shall be charged in HK\$. The above amounts in US\$ are for reference only.)

Cancellation Policy:

Full payment refund before 15th June, 2010

50% payment refund between 16th June to 1st Sept, 2010

No refund on or after 2nd Sept, 2010

if you are using the cheque payment:

Please mail your application together with a cheque payable to "The Chinese University of Hong Kong" to *Orthopaedic Learning Centre, 1/F Li Ka Shing Specialist Clinic, North Wing, Prince of Wales Hospital, Shatin, HK*

if you are using credit card payment.

Please complete Credit Card Payment Authorisation below and fax to

(852) 2647 7432

Credit Card Payment

I hereby authorize the ***Chinese University of Hong Kong*** to debit the following credit card in the total amount indicated below for payment of the registration fee for the above-mentioned person(s).

Paying Card Holder's Name : _____ (As shown on card.)

Paying Card Number: _____ Expiry Date : _____

VISA

MasterCard

Total Amount to be Debited: **HK\$** _____

Authorize Signature: _____ Contact Number: _____