

## REGISTRATION FORM

**Registration closed on 16 October 2021 (On-site registration is available)**

Title (please tick ✓):       Prof       Dr       Mr.       Ms

Family Name:		Given Name:	
Institution:		Department:	
Country:		Contact No.	
E-mail ( required ) :			

- ◆ Registration list will be updated on website : [www.hkoa.org](http://www.hkoa.org) periodically.
- ◆ Registration fee Receipt will be received on-site with congress material.

Categories	Before 30 Sep 2021	After 30 Sep 2021	Amount (HKD)
Fellow / Member of HKOA ( <i>Doctors</i> )	HKD1,500	HKD2,500	
Associate Member of HKOA ( <i>Nurses, Research Students, Allied Health</i> )	HKD1,000	HKD2,000	
Non-member of HKOA ( <i>Doctors</i> )	HKD2,500	HKD3,500	
Participant from <b>Mainland China</b> (including doctors)	HKD1,500	HKD2,500	
Non-member of HKOA ( <i>Nurses, Research Students, Allied Health</i> )	HKD1,500	HKD2,500	
Senior fellow (age >70)	Free	Free	
<b>Banquet Ticket (6 November 2021)</b>			
Member of HKOA	<input type="checkbox"/> HKD250	<input type="checkbox"/> HKD250	
Spouse of Member / Associate member	<input type="checkbox"/> HKD250	<input type="checkbox"/> HKD250	
Delegate (Non-member of HKOA but has registered 41 <sup>st</sup> HKOA Annual Congress)	<input type="checkbox"/> HKD500	<input type="checkbox"/> HKD500	
Spouse of Delegate	<input type="checkbox"/> HKD300	<input type="checkbox"/> HKD300	
<i>*The Congress Banquet participants must have received 2 doses of vaccine and use the "LeaveHomeSafe" Mobile Application.</i>			<b>Total Amount: HKD</b>

**PAYMENT (ONLY accept credit card payment)** – Credit card payment authorization form enclosed.

### CANCELLATION POLICY

Latest cancellation date for a registration fee refund is **16 October 2021** with a 10% administration fee. Any cancellation received after this date will not be refunded. Banquet fees are non-refundable. All approved refunds will be issued 30 days after the congress. Only written requests sent to the Congress Secretariat will be accepted. I hereby agree with the terms & conditions above.

**Signature :**

**Date :**

**Completed registration form and credit card payment authorization form please send to Congress Secretariat by post, fax or email.**

Congress Secretariat, HKOA 41<sup>st</sup> Annual Congress c/o Rm 74034, 5/F., Lui Che Woo Clinical Sciences Building, Prince of Wales Hospital, Shatin, N.T., Hong Kong SAR  
Tel : (852) 3505 2010      Fax : (852) 2637 7889      Email : [congress@hkoa.org](mailto:congress@hkoa.org)      Website : [www.hkoa.org](http://www.hkoa.org)

Merchant Information			
Merchant Name:	The Hong Kong Orthopaedic Association		
Contact Person:	Congress Secretariat (Ms Gloria Chan)	Tel: 3505 2010	Fax: 2637 7889
Address:	c/o Dept of O & T, Prince of Wales Hospital, Shatin, N.T.		

## Authorization Form



I hereby authorize The Hong Kong Orthopaedic Association to charge from my below credit card account in settlement of the HKOA 41<sup>st</sup> Annual Congress Registration Fee

### Credit Card information

(In BLOCK letter)

Credit Card Number :

CVV2 / CVC2\* :    (Last three digit on card's signature panel 背後簽名欄上的最後 3 位數字)

Cardholder Name : \_\_\_\_\_

Expiry date :     (MM / YY)

Issuing Bank : \_\_\_\_\_

Products Description : Registration Fee of HKOA 41<sup>st</sup> Annual Congress, 06 – 07 November 2021

Total amount : HK\$ \_\_\_\_\_

Cardholder signature : \_\_\_\_\_  
(Same as the signature panel of the Card)

Date : \_\_\_\_\_