The 41st Annual Congress of The Hong Kong Orthopaedic Association
06 – 07 November 2021 Hong Kong Convention & Exhibition Centre, Hong Kong

For office use only

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 periodically.**
- **Registration fee Receipt will be received on-site with congress material.**

Categories	***Before*** 30 Sept 2021	***After*** 30 Sept 2021	**Amount (HKD)**
Fellow / Member of HKOA *(Doctors)*	HKD1,500	HKD2,500	
Associate Member of HKOA *(Nurses, Research Students, Allied Health)*	HKD1,000	HKD2,000	
Non-member of HKOA *(Doctors)*	HKD2,500	HKD3,500	
Participant from **Mainland China** (including doctors)	HKD1,500	HKD2,500	
Non-member of HKOA *(Nurses, Research Students, Allied Health)*	HKD1,500	HKD2,500	
Senior fellow (age >70)	Free	Free	
Banquet Ticket (31 October 2021)			
Member of HKOA	☐HKD250	☐HKD250	
Spouse of Member / Associate member	☐HKD250	☐HKD250	
Delegate (Non-member of HKOA but has registered 41st HKOA Annual Congress)	☐HKD500	☐HKD500	
Spouse of Delegate	☐HKD300	☐HKD300	
		Total Amount: HKD	

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 41st Annual Congress, *c/o* 5/F Lui Che Woo Clinical Sciences Building, Prince of Wales Hospital, Shatin, N.T., HONG KONG
Tel : (852) 3505 2010 Fax : (852) 2637 7889 Email : congress@hkoa.org Website : 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 41st 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 41st Annual Congress, 06 – 07 November 2021

Total amount : HK$ _____

Cardholder signature : _____

(Same as the signature panel of the Card)

Date : _____