

## REGISTRATION FORM

Registration closed on 06 October 2023 (On-site registration is available)

Title (please tick ✓):  Professor  Dr  Mr  Ms

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

◆ The registration list will be updated on website : [www.hkoa.org](http://www.hkoa.org) periodically.

◆ Official Receipt will be received on-site with congress material.

Categories	<i>Before</i> 15 Sep 2023	<i>After</i> 15 Sep 2023	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 (04 November 2023)</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 43 <sup>rd</sup> HKOA Annual Congress)	<input type="checkbox"/> HKD500	<input type="checkbox"/> HKD500	
Spouse of Delegate	<input type="checkbox"/> HKD300	<input type="checkbox"/> HKD300	
<b>Total Amount (HKD):</b>			

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

### CANCELLATION POLICY

The latest cancellation date for a registration fee refund is **13 October 2023** 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 43<sup>rd</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	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 43<sup>rd</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 43<sup>rd</sup> Annual Congress, 04 – 05 November 2023

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

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

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