



THE 31ST ANNUAL CONGRESS OF THE HONG KONG
ORTHOPAEDIC ASSOCIATION 2011

Foot & Ankle Arthroscopy Workshop

Speakers:

Prof. A. Younger (Canada), Dr. Lui Tun-Hing (HKSAR),
Dr. Ng Ka-Ho (HKSAR), Dr. Yip Siu-Fai (HKSAR)

Program Chairman:
Dr. Chan Kwok-Bill

Venue:
Orthopaedic Learning Centre (OLC)
Prince of Wales Hospital
Date: 21st November, 2011

Course fee: HK\$5000

Accreditation:

5 CME pts / Training pts (HKCOS)

Supported by:



Enquiries: Ms Mandy Tse, Program Manager
C/o Dept of O & T, Prince of Wales Hospital, Shatin, HONG KONG
Tel: (852) 2632 1653 Fax: (852) 2647 7432
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Registration Form

Contact Information

Name: _____ (Dr. / Prof.*)
(First Name) (Last Name)

Position: _____ Specialty: _____

Department: _____ Hospital: _____

Correspondence Address: _____

Phone: _____ Fax: _____ E-mail: _____

Particulars

No. of years in Orthopaedics: _____ HOT / BST* Year _____ (if applicable)

Other specialist qualification, e.g. FRCS: _____ (if applicable)

Why are you interested in this course? _____

What is/are your learning objectives/expectations? _____

* delete where appropriate

Payment

Please mail your completed registration form to Orthopaedic Learning Centre, 1/F Li Ka Shing Specialist Clinics, North Wing, Prince of Wales Hospital, Shatin, Hong Kong or by fax at (852) 2647-7432.

Please complete **Credit Card Payment Authorization** below if you are using credit card payment.



Credit Card Payment of Registration Fee

I hereby authorize **The Hong Kong Orthopaedic Association** 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 Cardholder Name : _____ (As shown on card)

Paying Card Number: _____ Expiry Date : _____
 VISA MasterCard

Total Amount to be Debited: **HK\$5,000**

Paying Cardholder Contact : Tel.: () _____ Fax: () _____

Authorized Signature : _____ Date : _____
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