

ANKLE ARTHROSCOPY CADAVER COURSE

For office use only

Learn From The Master

1st June 2017, Orthopaedic Learning Centre, Prince of Wales Hospital, Shatin, Hong Kong

REGISTRATION FORM

Title (please tick ✓): Prof Dr Mr. Ms

Family Name: _____ Given Name: _____

Institution: _____

Department _____ Position: _____

Address: _____

City: _____ Country: _____

Telephone: _____ Fax: _____

E-mail: _____

REGISTRATION FEE

Categories	Registration fee	Amount
Local fellow	HKD 4,000	
Local trainee/ allied health professionals	HKD 2000	
China/ Oversea participant	USD 800	
Total Amount:		

Option: I would like to join the Hong Kong Foot and Ankle Society as a member/associate member

Deadline for registration: **30th April 2017**

PAYMENT (accept credit card payment Only) VISA MASTER CARD

I hereby authorize "The Chinese University of Hong Kong" to debit my credit card for the amount in HKD/ USD

Name of Cardholder (as shown on credit Card): _____

Card Numbers: _____ Expiry Date: _____

Card Validation No. (3-digit No. on the signature panel at the back): _____

Signature (as shown on credit card): _____ Date: _____

CANCELLATION POLICY

Latest cancellation date for a registration fee refund is **7 May 2017** with a 10% administration fee. Any cancellation received after this date will not be refunded. All approved refunds will be issued 30 days after the workshop. Only written requests sent to the Conference Secretariat will be accepted. I hereby agree with the terms & conditions above.

Signature : _____ Date : _____

Completed registration form return to Workshop Secretariat by mail, fax or email to :

Ms. Cassia Tang, Workshop Secretariat, C/o, Orthopaedic Learning Centre, 1/F, LKSSC North Wing, Prince of Wales Hospital, Shatin, N.T., HONG KONG

Tel : (852) 2632 3483 Fax : (852) 2647 7432 Email : olc@ort.cuhk.edu.hk Website : www.olc-cuhk.org