

Post-HKOA QEH Saw Bone Workshop

Hong Kong Foot & Ankle Society

6th November 2017, Lecture Room, 3/F, Block F, Queen Elizabeth Hospital, Kowloon, Hong Kong

For office use only

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: HKD 1500 (limited quota, first-come-first-serve)

DEADLINE FOR REGISTRATION: 25th October 2017

PAYMENT (accept credit card payment Only) VISA MASTER CARD

I hereby authorize "Hong Kong Foot and Ankle Society" to debit my credit card for the amount in **HKD 1500**.

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): _____

Name of Bank: _____

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

Liability, Insurance, Cancellation Policy

- Any and all parts of the Scientific Meeting and related events as described herein are subject to change without notification.
- It is strongly recommended that delegates take out comprehensive medical, travel and personal insurance prior to the commencement of travel.
- Latest cancellation date for a registration fee refund is **25th October 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 congress. 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 Secretariat by mail, fax or email to :

Miss. Gloria Chan, Secretariat, c/o, Room 74034, Dept. of Ortho. & Trauma., 5/F., LCW Clinical Sciences Building, Prince of Wales Hospital, Shatin, N.T., HONG KONG

Fax : (852) 2637 7889 Email : hkf2017@hotmail.com Website : www.hkf.org