

# Practical Arthroscopy Workshop (28 Nov 2008)

## Application Form

Name: \_\_\_\_\_

(First Name)

(Last Name)

Hospital: \_\_\_\_\_

Correspondence  
address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### *Parking*

There are only limited free parking spaces available for participants, our parking reservation service are on first come first serve basis. Please provide your car registration number to us and we will confirm with you as soon as possible.

Car registration no. \_\_\_\_\_

### *Payment*

Please mail your application together with a cheque payable to

**The Chinese University of Hong Kong**

to Orthopaedic Learning Centre, 1/F Li Ka Shing Specialist Clinic, North Wing, Prince of Wales

Hospital, Shatin, HK *if you are using the cheque payment:* or send to us by fax (852) 2647 7432

*if you are using credit card payment*

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

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### Credit Card Payment of Registration Fees

I hereby authorize the *Chinese University of Hong Kong* to debit the following credit card in the total amount indicated below for payment of the registration fees for the above-mentioned person(s).

Paying Cardholder Name : \_\_\_\_\_ (As shown on card)

Paying Card Number: \_\_\_\_\_ Expiry Date : \_\_\_\_\_

VISA       MasterCard

Paying Cardholder Contact: Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Total Amount to be Debited:  **HK\$300 (SMC Member)**

**HK\$500 (non-SMC Member)**

Authorized Signature:

Date:

(As shown on card)