

**2009 Hong Kong International Wrist Arthroscopy Workshop and Seminar**  
**- Managing Chronic Wrist Pain – Key to Success -**

**Registration Form**

Name: \_\_\_\_\_ (First Name) \_\_\_\_\_ (Last Name)

Title: Prof. / Dr. / Mr. / Ms. / Miss (\*delete inappropriate)

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

Specialist/Physician                       Resident/Trainee

Correspondence Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Course and Fee: (please tick to select)

May 8, 2009: Clinical Workshop on Chronic Wrist pain Management

Specialist/Physician: HK\$500 (US\$60)

Resident/Trainee/Therapist/Nurse: HK\$200 (US\$25)

May 8, 2009: Seminar on Advances in Wrist and Hand Arthroscopy

Specialist/Physician: HK\$500 (US\$60)

Resident/Trainee/Therapist/Nurse: HK\$200 (US\$25)

May 9, 2009: Hands-on Workshop            **Basic Course:**     Specialist/Physician: HK\$3200 (US\$400)

Resident/Trainee: HK\$1600 (US\$200)

**Advanced Course:** (for Specialist/Physician only)

Specialist/Physician: HK\$4000 (US\$500)

May 10, 2009: Hands-on Workshop            **Basic Course:**     Specialist/Physician: HK\$3200 (US\$400)

Resident/Trainee: HK\$1600 (US\$200)

**Advanced Course:** (for Specialist/Physician only)

Specialist/Physician: HK\$4000 (US\$500)

Participants will be offered a maximum discount of HK\$400 (US\$50), if register for the Clinical Workshop, Seminar and at least one of the Hands-on Workshops. (NOT APPLICABLE FOR Resident/Trainee/Therapist)  
(Course fees shall be charged in HK\$. Above amounts in US\$ are for reference only.)

**Course fee includes:**

1. Instructional handouts    2. DVD of lectures, live surgical demonstration and cadaveric demonstration    3. Certificate of attendance  
4. Lunch and tea    5. Welcoming dinner on 8 May 2009

**Deadline of application:**

Apr 15, 2009

(on first-come first-served basis)

**Cancellation Policy:**

Full payment refund before Mar 31, 2009

50% payment refund between Apr 1 - 20, 2009

No refund on or after Apr 21, 2009

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: Please send to us by fax (852) 2632 4618 if you are using credit card payment.

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

**Credit Card Payment of Registration Fee**

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 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\$** \_\_\_\_\_

Paying Cardholder Contact :    Tel.: (       ) \_\_\_\_\_    Fax: (       ) \_\_\_\_\_

Authorized Signature : \_\_\_\_\_    Date : \_\_\_\_\_

(As shown on card)