**CUHK-OLC Surgeon Education Program:**

**Basic Microsurgery Course**

**August 10-12, 2021**

***Registration Form***

***Contact Information*** *(\*must fill)*

\*Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (□ Prof. □ Dr.)

(First Name) (Last Name)

\*Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

***Particulars***

No. of years after graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOT / BST: Year \_\_\_\_\_\_\_\_\_ (if applicable)

Specialist qualification, e.g. FRCS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if applicable)

Do you have experience in practicing microsurgery? □No □Yes (Please briefly describe)

**\*\*\*\*Have you applied sponsorship for this program? □Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □No**

***Payment***

Please mail your completed registration form together with a **cheque payable to “The Chinese University of Hong Kong”** to

*Orthopaedic Learning Centre,1/F Li Ka Shing Specialist Clinics, North Wing, Prince of Wales Hospital, Shatin, Hong Kong.* Please send the form

to us by email to olc@ort.cuhk.edu.hk

***Registration Deadline: June 30, 2021***

***Enquiry: Ms Charis Lau Tel: 3505 1654 Fax: 2647 7432 Email: olc@ort.cuhk.edu.hk***