

Advanced Trauma Course 2004

Soft Tissue Reconstruction

in

Orthopaedic Trauma

This course covers a comprehensive surgical approach to soft tissue reconstruction in orthopaedic trauma. It includes didactic lectures, specimen demonstration and hand-on practice sessions

Program Organisers

Prof. KS Leung and Dr. K C Wong

Invited Guest Speaker

Professor Alain C Masquelet

Orthopaedic and Reconstructive Surgery, University of Paris, France

Date: July 10-11, 2004 (Saturday and Sunday)

Venue: Orthopaedic Learning Centre

1/F., Li Ka Shing Specialist Clinics, North Wing

Prince of Wales Hospital, Shatin, Hong Kong

Organizers: Dept of Orthopaedic and Traumatology, CUHK

Orthopaedic Learning Centre, CUHK

Asian Association for Dynamic Osteosynthesis

Course Fee: Local: HK\$2000 Overseas: HK\$2300/ US\$300

Deadline of application: 25 June, 2004 (successful applicant will be notify individually on 27 June 2004)

Accreditation: 5 CME or training point assigned by HKCOS

For enquires please contact:

Margaret Lai at (852) 2632 3483 Terry Leung at (852) 2632 3482

Fax: (852) 2647 7432 email: olc@ort.cuhk.edu.hk or secretarial@aado.org

or visit the following website: www.olc-cuhk.org or www.aado.org

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Application Form

Name: _____
(First Name) (Last Name)

Hospital: _____

Correspondence address: _____

Phone: _____ Fax: _____ E-mail: _____

(Please "✓" as appropriate)

local delegate

HK\$2,000

overseas delegate

HK\$2,300/ approx. US\$300

Parking

Due to 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 no. to us during your registration and we will confirm with you as soon as possible. Car registration no. _____

Recommended Hotel Accommodation

The organizer recommends following hotels in the nearby districts of the workshop venue.

Regal Riverside Hotel: Address: 34-36, Tai Chung Kiu Road, Shatin, N.T., Hong Kong Tel: (852) 2649 7878 Fax: (852) 2637 4748

Royal Park Hotel: Address: 8 Pak Hok Ting Street, Shatin, Hong Kong Tel: (852) 2601 2111 Fax: (852) 2601 3666

Payment

Please mail your application together with your 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



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 Cardmember Name : _____ (As shown on card.)

Paying Card Number : _____ Expiry Date : _____
 VISA MasterCard

Total Amount to be Debited : **HK\$** _____

Paying Cardmember Contact : Tel.: () _____ Fax: () _____

Authorized Signature : _____ Date : _____
(As shown on card.)