

16th CUHK-AADO- Stryker Advanced Trauma Workshop

Specialty Theme: Locking Plate

Guest Speaker:

Dr. Frankie Leung, Queen Mary Hospital

Mr. Axel Cremer, STRYKER

Mr. Holger von Wieding, STRYKER

Course Director:

Dr. N Tang, Prince of Wales Hospital

Dr. WY Shen, Queen Elizabeth Hospital

Date: June 5-6, 2010

Venue: Orthopaedic Learning Centre,
1/F Li Ka Shing Specialist Clinic, N Wing
Prince of Wales Hospital, Shatin,
Hong Kong

Organizers: Orthopaedic Learning Centre,
Dept of Orthopaedics and Traumatology,
The Chinese University of Hong Kong

Course Fee: **HK\$3,000/US\$375**

Deadline for registration: June 1, 2010

Accreditation: TBC

For enquiries please contact:

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Application Form

Name: _____

(First Name)

(Last Name)

Hospital: _____

Correspondence address: _____

Phone: _____ Fax: _____ E-mail: _____

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 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) 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 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 Cardmember Name : _____ (As shown on card.)

Paying Card Number: _____ Expiry Date : _____

VISA

MasterCard

Total Amount to be Debited: **HK\$3,000 / US\$375**

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

Authorized Signature : _____ Date : _____

(As shown on card.)