

17th CUHK-Stryker Advanced Trauma Workshop

The 2nd Workshop –Symposium on CAOS in Orthopaedic Trauma Surgery

Features:
Lecture, Case Discussion,
Hands-on Workshop,
Live Surgery

Faculty :
Prof. KS Leung, *The Chinese University of Hong Kong*
Mr. Eric Ng, *The Chinese University of Hong Kong*
Dr. N Tang, *Prince of Wales Hospital*
Dr. CY Tso, *Prince of Wales Hospital*
Dr. Y Wang, *Beihang University, Beijing China*

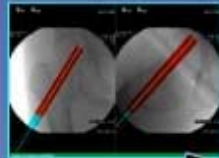
Date: July 10-11, 2010 (Sat- Sun)

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

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

Course Fee: **HK\$3,000/US\$375**
Deadline for registration: July 1, 2010
Accreditation: CME 8 Cat A
Training Points: 8 (HKCOS)

For enquiries please contact:
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website: www.olc-cuhk.org



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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.)

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