

18th OLC- Stryker Advanced Course

Comprehensive Workshop – Symposium on Computer Assisted Orthopedic Surgery

Features:

Lecture, Case Discussion,
Hands-on Workshop,
Live Surgery,
Latest development

Faculty :

Prof. KS Leung, *The Chinese University of Hong Kong*
Dr. KH Chiu, *Prince of Wales Hospital*
Dr. TP Ng, *Queen Mary Hospital*
Dr. KY Wong, *Princess Margaret Hospital*
Dr. KW Cheung, *Prince of Wales Hospital*
Dr. KC Wong, *Prince of Wales Hospital*
Dr. Patrick Yung, *Prince of Wales Hospital*
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: Sept 18-19, 2010 (Sat- Sun)

Venue: Orthopaedic Learning Centre,
1/F Li Ka Shing Specialist Clinics
North 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: Sept 3, 2010

(first come first serve- 30 Seats)

Accreditation: 10 cat A , 8 Training Points (HKCOS)

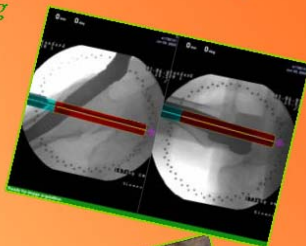
For enquiries please contact:

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website: www.olc-cuhk.org



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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