

Computer Assisted Tumor Surgery (CATS) Navigation workshop for bone tumors

Features:

1. Lectures illustrate the principles, workflow and clinical experience in Computer Assisted Tumor Surgery (CATS).
2. Participants will perform navigation planning including CT/MR image fusion and resection planning in 3D bone-tumor model.
3. At Hand-on-practice session, practise registration techniques in sawbones and execute navigation planning in rapid-prototyping bone models (based on real patient's imaging data).
4. Participants will be able to start their tumor navigation surgery after attending the workshop

Faculty: Prof SM Kumta, Dr. KC Wong, Dr LF Tse, CUHK, Hong Kong
 (Guest speaker): Prof XH Niu, Jishuitan Hospital, Beijing, China
 Dr Kevan Saidi, University of Toronto, Canada
 (CAOS team): Eric Ng, KS Lee, CUHK, HK

Date: 6 Nov, 10

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

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

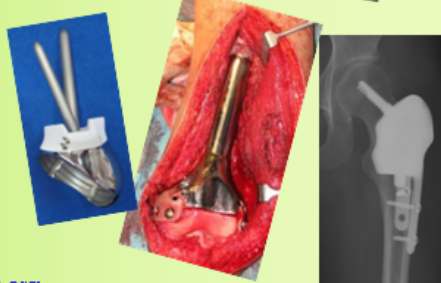
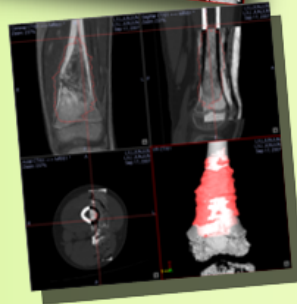
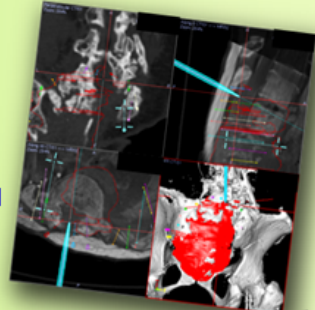
Course Fee: HK\$ 2000 / US\$ 260

Deadline of Application: 15 Oct, 2010

For enquires please contact:

Candy Chan at (852) 2632 3074 ; Fax: (852) 2647 7432

email: olc@ort.cuhk.edu.hk ; **visit website:** www.olic-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\$2,000 / US\$260**

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

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