

Advanced Knee Arthroscopy Workshop 2010 (25-26 Nov 2010)

Registration Form

Name: _____
(First Name) (Last Name)

Hospital: _____

Correspondence
address: _____

Phone: _____ Fax: _____

E-mail: _____

Parking

There are only limited free parking spaces available for participants, and our parking reservation service are on a first-come first-served basis. Please provide your car registration number to us and we will confirm you as soon as possible.

Car registration no. _____

Payment

Please mail your registration form together with a cheque payable to

The Chinese University of Hong Kong

to *Orthopaedic Learning Centre, 1/F Li Ka Shing Specialist Clinics, North Wing, Prince of Wales Hospital, Shatin. Please send this registration to us by fax to (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 fee for the above-mentioned person(s).

Paying Cardholder Name : _____ (As shown on card)

Paying Card Number: _____ Expiry Date : _____

VISA MasterCard

Paying Cardholder Contact: Tel: _____ Fax: _____

Total Amount to be Debited: **HK\$1,200 for Day 1 only**

HK\$4,000 for Day 1 & 2

Authorized Signature:

Date:

(As shown on card)