

# AADO-OLC-Stryker Advanced Cadaveric Workshop

Special Theme: Surgical Principles and Complications of Fracture Fixation

## Features:

Lecture , Case Discussion, Hands-on Cadaveric Workshop  
(Locking plate, IM nail, External Fixator, Surgical Approaches)

## Overseas Speakers:

Mr. P Procter (Switzerland), Mr. C Lutz (Switzerland)

## Course Chairmen:

Dr. N Tang (Prince of Wales Hospital, H.K.)  
Dr. KB Lee (Queen Elizabeth Hospital, H.K.)

## Date:

December 4-5, 2010

## Venue:

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

## Organizers:

Asian Association for Dynamic Osteosynthesis  
Dept of Orthopaedics and Traumatology, CUHK  
Orthopaedic Learning Centre, CUHK

## Course Fee:

US\$1,000 / HK\$8,000

## Accreditation:

TBC

## Deadline for registration:

November 19, 2010

## For enquiries, please contact:

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website: [www.olc-cuhk.org](http://www.olc-cuhk.org)

Supported by:

**stryker**

## 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\$8,000 / US\$1,000**

Paying Cardmember Contact : Tel.: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Authorized Signature : \_\_\_\_\_ Date : \_\_\_\_\_

(As shown on card.)