



Hong Kong Society for Surgery of the Hand

REGISTRATION FORM

25th HKSSH Annual Congress Pre-congress Workshop Cadaveric Workshop on Hand, Wrist and Elbow Arthroplasty

Date: 16th March 2012 (Friday)

Venue: Orthopaedic Learning Centre, 1/F Li Ka Shing Specialist Clinics North Wing, PWH, Shatin, New Territories, Hong Kong SAR.

Name : _____
(Surname first) (In Block Letters Please)

Position : _____ Institution : _____

Correspondence address : _____

Telephone No. : _____

Fax : _____ E-mail Address : _____

(Please supply your E-mail address and verify its correctness as all communication regarding your registration will be in electronic format.)

Please tick as appropriate

Event	Hong Kong Participants	Overseas Participants
Cadaveric Workshop	HK\$ 1600 ____	USD\$ 200 ____

* Seats will be provided as first come first serve basis

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 Cardholder Name : _____ (As shown on card.)

Paying Card Number: _____ Expiry Date : _____
 VISA MasterCard

Total Amount to be Debited: **HK\$1,600 / US\$200**

Paying Card member Contact : Tel.: () _____

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

Please return all registration forms and cheque (If you pay by cheque)

Cheque should be made payable to "HONG KONG SOCIETY FOR SURGERY OF THE HAND"

Send to Pre-congress Workshop Secretariat:

Ms Candy Chan
Orthopaedic Learning Centre,
1/F Li Ka Shing Specialist Clinics North Wing,
Prince of Wales Hospital,
Shatin, HKSAR
Tel: (852) 2632 3074
Fax: (852) 2647 7432
E-mail: olc@ort.cuhk.edu.hk
website: www.hkssh.org

Deadline for Registration: 15th February 2012