

**CUHK-OLC Surgeon Education Program:**

# The 3rd Spine Workshop

March 31 - April 1, 2012

### Program Objectives:

1. Principles of sagittal balance
2. Principles of balancing in scoliosis surgery
3. Direct vertebral derotation techniques
4. Osteotomies and VCR techniques
5. MIS decompression technique
6. MIS-TLIF technique
7. Percutaneous pedicle screw instrumentation—long construct

### Features:

Lectures, Discussions, Hands-on Cadaveric Workshop

### Faculty:

**Professor Kim Ki-Tack**, Dept. of Orthopedic Surgery, Kyung Hee University Hospital, Seoul, Korea  
**Dr. Koji Sato**, Dept. of Orthopaedic Surgery, Nagoya Daini Red Cross Hospital, Nagoya, Japan  
**Dr. Saw Lim-Beng**, Medical Lecturer, Dept. of Orthopaedic Surgery, University of Malaya Medical Centre, Kuala Lumpur, Malaysia

### Program Director:

**Dr. Kwan Mun-Keong**, Associate Professor, Dept. of Orthopaedic Surgery, University Malaya Medical Centre, Kuala Lumpur, Malaysia

### Deputy Program Director:

**Dr. Kwok Kin-On**, Associate Consultant, Dept. of Orthopaedics & Traumatology, Prince of Wales Hospital, HKSAR

### Venue:

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

### Deadline for registration:

March 16, 2012

### Organizer:

Orthopaedic Learning Centre, Dept. of Orthopaedics and Traumatology, The Chinese University of Hong Kong

### Course Fee:

HK\$8,000 / US\$1,000 (For observers only HK\$1,000 / US\$125)

### Accreditation:

10 CME / 10 TP (HKCOS)

Supported by:  
 Stryker Asia Bioskill Laboratory  
**Homer Stryker Center**  
Global Education and Research Network

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 Tel: (852) 2632 1653 Fax: (852) 2647 7432



## Registration Form

### Contact Information

Name: \_\_\_\_\_ (Dr. / Prof.\*)  
 (First Name) (Last Name)

Position: \_\_\_\_\_ Specialty: \_\_\_\_\_

Department: \_\_\_\_\_ Hospital: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Do you want to join OLC membership to receive notification of upcoming workshops? Yes / No\*

### Particulars

No. of years in Orthopaedics: \_\_\_\_\_ HOT / BST\* Year \_\_\_\_\_ (if applicable)

Other specialist qualification, e.g. FRCS: \_\_\_\_\_ (if applicable)

Why are you interested in this course? \_\_\_\_\_

What is/are your learning objectives/expectations? \_\_\_\_\_

\* delete where appropriate

### Payment

Please mail your completed 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, Hong Kong. Please send the form to us by fax at (852) 2647-7432 **if you are paying by credit card.**

Please complete **Credit Card Payment Authorization** 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 Cardholder Name : \_\_\_\_\_ (As shown on card)

Paying Card Number: \_\_\_\_\_ Expiry Date : \_\_\_\_\_  
 VISA  MasterCard

Total Amount to be Debited: **HK\$8,000**

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

Authorized Signature : \_\_\_\_\_ Date : \_\_\_\_\_  
 (As shown on card)