

The 3rd AADO-OLC Advanced Trauma Forum (Mandarin) Specialty Theme: Surgical Principals and Complications of Fracture Fixation

第三届AADO-OLC高级创伤讨论会 (普通话教学)
专题：骨折固定原则和并发症治疗



Features

Lecture, Case Discussion

Course Chairman

Dr. Tang Ning

(Prince of Wales Hospital, Hong Kong)

Date

May 5-6, 2012

Venue

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

Course Fee

HK\$ 5,000/ US\$ 625

Accreditation

8 CME Points / Training Points

Deadline For Registration

April 13, 2012

Organized by:



Supported by:



Course Secretariat:

Ms. Charis Lau
Tel: (852) 2632 1654
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www.olicuhk.org

Registration Form

Contact Information

Name: _____ (Dr. / Prof.*)
(First Name) (Last Name)

Position: _____ Specialty: _____

Department: _____ Hospital: _____

Correspondence Address: _____

Phone: _____ Fax: _____ E-mail: _____

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\$5000**

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

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