

## The 21<sup>st</sup> AADO-OLC Advanced Trauma Course

Specialty Theme: Surgical Principles and Complications of Fracture Fixation

主题: 骨折固定原则和并发症治疗

Features: **Lecture, Case Discussion, Sawbone Practice**

Date: **June 2-3, 2012**

Teaching Language: Mandarin (English)

Course Chairman:

**Dr. TANG Ning ( Prince of Wales Hospital, Hong Kong)**

Overseas Speaker

**Prof. WU Xin Bao ( Ji Shui Tan Hospital, Beijing)**

**Prof. ZHANG Chang Qing (Shanghai No.6 People's Hospital, Shanghai)**



Venue:

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

Course Fee

**HK\$ 3,200/ US\$ 400**

**Observer only: HK\$ 1,000/ US\$ 125**

Accreditations:

**10 CME Points / 10 Training Points**

Deadline For Registration:

**May 11, 2012**



Supported by:

Organized by:



For Enquiries, please contact:

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## 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 Clinic, 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\$** \_\_\_\_\_

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

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