

Surgical Navigation Workshop in Orthopaedic Trauma

Aim:

To enhance the practical skills for surgeons on using Navigation System on Trauma Surgery

Features:

Step-by-step video instruction, Demonstration, Hands-on practice & Discussion

Duration: Around 2 hours per session

Organizers: Dept of Orthopaedic and Traumatology, CUHK
Orthopaedic Learning Centre, CUHK

Instructors: Prof. KS Leung
Dr. N Tang

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

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|--------------------|-----------------------|---|
| Course Fee: | Proximal Femur | Hip Screws.....HK\$300 |
| | | Gamma Nail.....HK\$300 |
| | | Distal Locking.....HK\$300 |
| | | All (Proximal Femur).....HK\$750 |
| | Pelvis | SI Screws.....HK\$350 |
| | | Pelvic-Ilium Fractures.....HK\$350 |
| | | Acetabulum Fractures I.....HK\$350 |
| | | Acetabulum Fractures II.....HK\$350 |
| | | All (Pelvis).....HK\$1200 |

Registration: Booking must be made at least 1 month in advance

Accreditation: To be confirmed

For enquires please contact:

Ms Margaret Lai at (852) 2632 3483

Fax: (852) 2647 7432 email: olc@ort.cuhk.edu.hk

or visit the following website: www.olc-cuhk.org



Application Form

Name: _____

(First Name)

(Last Name)

Hospital: _____

Correspondence address: _____

Phone: _____ Fax: _____ E-mail: _____

Experience: _____ Date & Time for the workshop: _____

(Please "✓" as appropriate)

option (1)

option (2)

Proximal Femur

Hip Screw HK\$300 Gamma Nail HK\$300 Distal Locking HK\$300 All (Proximal Femur) HK\$750

Pelvis

SI Screws HK\$350 Pelvic-Ilium Fracture HK\$350 Acetabulum Fractures (Anterior column, Retrograde, Antegrade) HK\$350
 Acetabulum Fractures (Posterior column) HK\$350 All (Pelvis) HK\$1,200

Total: HK\$ _____

Parking

Due to there are only limited free parking spaces available for participants, our parking reservation service are on first come first serve basis. Please provide your car registration no. to us during your registration and we will confirm with you as soon as possible. Car registration no. _____

Payment

Please mail your application together with your 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 cheque payment** or 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 Fees

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 fees 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\$** _____

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

Authorized Signature : _____ Date : _____

(As shown on card.)