



# The 15<sup>th</sup> Hong Kong International Orthopaedic Forum



“Geriatric Bone & Joint Disorders”

21 - 22, April 2018

Cheung Kung Hai Conference Center, G/F, William MW Mong Block, 21 Sassoon Road, Pokfulam, Hong Kong.

Organized by the Department of Orthopaedics and Traumatology, The University of Hong Kong

## REGISTRATION FORM (for Credit Card Payment)

**First name:** \_\_\_\_\_ **Family name:** \_\_\_\_\_

**Title:** \*Prof / Dr / Mrs / Ms / Mr \_\_\_\_\_ **Country:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

**Tel:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

*Payment:	On or before <b>31 Dec 2017</b>	After <b>31 Dec 2017</b> and on site
Doctors	HK\$ 650	HK\$ 750
Allied Health & Nurses	HK\$ 400	HK\$ 500
Overseas Delegates	HK\$ 1,400	HK\$ 1,500
Overseas Trainees	HK\$ 800	HK\$ 960

Complete the attached credit card authorization form and send to: *Orthopaedic Forum Secretariat, Department of Orthopaedics and Traumatology, 5/F Professorial Block, Queen Mary Hospital, Pokfulam, Hong Kong or fax to 2817-4392 or email to [jcytam0@hku.hk](mailto:jcytam0@hku.hk).*

Registration fee is non-refundable. Receipt will be available on the event day.

*\*Please circle the appropriate item.*

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### Credit Card Payment Authorization Form



I hereby authorize The University of Hong Kong to debit the following credit card in the total amount indicated below for payment of the registration fee of the 15<sup>th</sup> Hong Kong International Orthopaedic Forum.

Paying Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Total amount to be debited (HK\$) \_\_\_\_\_

Name (as shown on card): \_\_\_\_\_

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Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_