

The 16th Hong Kong International Orthopaedic Forum

"Repair, Replace & Recovery"

13 - 14, April 2019

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 / Mr / Mrs / Ms	Country:	_____
Hospital:	_____	Department:	_____
Position:	_____	E-mail:	_____

*Payment:	On or before 15 Feb 2019	After 15 Feb 2019 and on site
Doctors	<input type="checkbox"/> HK\$ 650	<input type="checkbox"/> HK\$ 750
Allied Health & Nurses	<input type="checkbox"/> HK\$ 400	<input type="checkbox"/> HK\$ 500
Overseas Delegates	<input type="checkbox"/> HK\$ 1,400	<input type="checkbox"/> HK\$ 1,500
Overseas Trainees	<input type="checkbox"/> HK\$ 800	<input type="checkbox"/> HK\$ 960

Please complete this 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*

Registration fee is non-refundable. Original receipt will be ready on the forum days.

**Please tick the appropriate item.*

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 16th Hong Kong International Orthopaedic Forum.

Paying Card Number:	_____ / _____ / _____
Total amount to be debited (HK\$)	_____
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