

# The 17<sup>th</sup> Hong Kong International Orthopaedic Forum

“Orthopaedic Surgery in 21<sup>st</sup> Century: Technology, Innovation & Beyond”

18 - 19, April 2020

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)

<b>First name:</b>	_____	<b>Last name:</b>	_____
<b>Title:</b>	*Prof / Dr / Mr / Mrs / Ms	<b>Country:</b>	_____
<b>Hospital:</b>	_____	<b>Department:</b>	_____
<b>Position:</b>	_____		
<b>Tel:</b>	_____	<b>E-mail:</b>	_____

<b>*Payment:</b>	On or before <b>29 Feb 2020</b>	After <b>29 Feb 2020</b> 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](mailto:jcytam0@hku.hk)*

Registration fee is non-refundable & non-transferable. 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 17<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	_____