

Registration Form

ISFR 2000 Meeting in Hong Kong

September 20 - 23, 2000

If you have submitted an abstract, please indicate if you would like to register ONLY IF your paper has been accepted for presentation:

I have not submitted a paper.
Register ONLY IF paper accepted.
Register anyway.

Name (in block letters): _____
Last Name First Name Middle Name

Title : Mr / Mrs. / Ms / Dr. / Prof. / Other: _____

Mailing Address : _____

Zip : _____ Country : _____

Tel.: () _____ Fax : () _____

E-mail : _____ @ _____

Accompanying Person : _____
Last Name First Name Middle Name

Title : Mr / Mrs. / Ms / Dr. / Prof. / Other: _____

Please complete **Credit Card Payment Authorisation** below, or send us a Bank Draft made payable to "Asian Association for Dynamic Osteosynthesis".



Credit Card Payment of Registration Fees – Authorisation

I hereby authorise the *Kowloon Shangri-La Hotel* to debit the following credit card in favour of the *Asian Association for Dynamic Osteosynthesis*, 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 American Express Diners Club International

Total Amount to be Debited : **US\$** _____

Paying Cardmember Contact : Tel.: () _____

Fax: () _____

Authorised Signature : _____ Date : _____
(As shown on card.)

Please return completed form by fax, *fine mode*,

(852) 2647 7432

OR, send to :

The AADO Secretariat,
c/o Orthopaedic Learning Centre,
1/F Li Ka Shing Specialist Clinics North Wing
Prince of Wales Hospital,
Shatin, HONG KONG.

Please remember to complete the Credit Card Payment Authorisation,
OR send Bank Draft.

Registration fees

	Before 1 st July 2000	After 1 st July 2000
Members	US\$300	US\$350
Non-members	US\$400	US\$450
Fellows	US\$150	US\$200
Accompanying persons	US\$100	

**A cancellation fee of US\$20 will apply after 1 July 2000.
There will be no refund after 1 September 2000.**