

Siemens-Stryker 15th Advanced Trauma Workshop

Intra-operative 3D imaging and applications in CAOS

Faculty

Prof. T. Huefner, Hannover, Germany
Prof. W Tian, Beijing, China
Prof. KS Leung, Hong Kong
Dr. N Tang, Hong Kong
Dr. KC Wong, Hong Kong



Date: 13th September, 2009(Sunday)

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

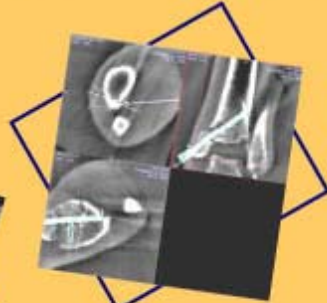
Organizers: Orthopaedic Learning Centre,
Dept of Orthopaedics and Traumatology,
The Chinese University of Hong Kong



Course Fee: HK\$1,000

Deadline for registration: 1st September, 2009

Accreditation: 5 CME Points from HKCOS
5 Training Points from HKCOS



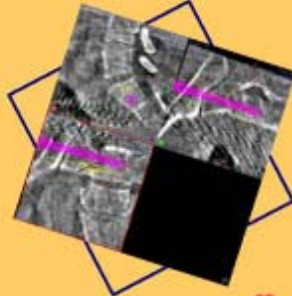
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website: www.olic-cuhk.org



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Name: _____
(First Name) (Last Name)

Hospital: _____

Correspondence address: _____

Phone: _____ Fax: _____ E-mail: _____

Recommended Hotel Accommodation

The organizer recommends following hotels in the nearby districts of the workshop venue.

Regal Riverside Hotel: Address: 34-36, Tai Chung Kiu Road, Shatin, N.T., Hong Kong Tel: (852) 2649 7878 Fax: (852) 2637 4748

Royal Park Hotel: Address: 8 Pak Hok Ting Street, Shatin, Hong Kong Tel: (852) 2601 2111 Fax: (852) 2601 3666

Payment

Please mail your application together with a 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 the cheque payment.* Please send to us by fax (852) 2647 7432 *if you are using credit card payment.*

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Credit Card Payment of Registration Fee

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 fee for the above-mentioned person(s).

Paying Card holder's Name : _____ (As shown on card.)

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Total Amount to be Debited: **HK\$1,000/ US\$130**

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Authorized Signature: _____ Date : _____
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