

Application Form

21st CUHK-AADO- STRYKER Comprehensive Bioskill Course on Fracture Fixation

Specialty theme: Damage Control Surgery and Pelvic-Acetabular Fracture

Features:

Lecture , Live Surgery Demonstration, Case Discussion
Hands-on Workshop



Overseas Speakers:

Prof. JM Rueger University Hospital Hamburg , Germany

Prof. MY Wang Ji Shui Tan Hospital, Beijing, China



Date: Dec. 5-7, 2009

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

Organizers: Dept of Orthopaedics and Traumatology, CUHK
Asian Association for Dynamic Osteosynthesis
Orthopaedic Learning Centre, CUHK

Course Fee: US\$850 / HK\$6,500

Deadline for registration: Nov. 27, 2009

Accreditation: 8 Training pts (HKCOS)
8 Cat A CME pts(HKCOS)

For enquiries please contact:
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website: www.oic-cuhk.org

Supported by: **stryker**



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) 2632 4618 if you are using credit card payment.

Please complete Credit Card Payment Authorisation below if you are using credit card payment



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 Cardmember Name : _____ (As shown on card.)

Paying Card Number: _____ Expiry Date : _____
 VISA MasterCard

Total Amount to be Debited: **HK\$6,500 / US\$ 850**

Paying Cardmember Contact : Tel.: () _____ Fax: () _____

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