



The 3rd Orthopaedic Nursing Conference 2004

30 October 2004

Jockey Club School of Public Health
The Chinese University of Hong Kong
Prince of Wales Hospital
Shatin, Hong Kong

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

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

Mailing Address : _____

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Hospital : _____

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Registration Fee for 3rd Nursing Conference

- Member US\$70 or HK\$500
 Non-member US\$90 or HK\$700

Registration Fee for Satellite Workshop (28 October 2004)

– AADO Members Only (Priority will be given to conference attendee)

- US\$15 or HK\$100

* The maximum capacity for the satellite workshop is 50 participants.

**** Please use separate cheque / Credit Card Payment Authorisation form for Satellite Workshop Registration**

Registration Fee is neither refundable nor transferable.

Please return completed forms by fax (for Credit Card Payment Only)

(852) 2647 7432

or mail to :

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



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



Credit Card Payment of Registration Fees

I hereby authorise the *Asian Association for Dynamic Osteosynthesis* to debit the following credit card 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.)

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o VISA o MasterCard

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

Paying Cardmember Contact : Tel.: () _____

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Authorised Signature : _____ Date : _____
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Credit Card Payment is the **MOST PREFERRED** mode of payment (The Credit Card payment form is attached). **ONLY** personal cheques drawn on a Hong Kong-based bank are accepted, otherwise, please send **BANK DRAFT**.