



# 2009 AADO Orthopaedic Trauma Symposium

## Minimising Surgical Invasion in Fracture Management

in Commemorate of the 10<sup>th</sup> Anniversary of Orthopaedic Learning Centre

25-26 April 2009  
Orthopaedic Learning Centre  
The Chinese University of Hong Kong  
Prince of Wales Hospital  
Shatin, HONG KONG

Name (in block letters): \_\_\_\_\_  
Surname Name                      Given Name                      Membership No.

Title : Mr / Mrs. / Ms / Dr. / Prof. / Other: \_\_\_\_\_

Mailing Address : \_\_\_\_\_  
\_\_\_\_\_

Zip : \_\_\_\_\_ Country : \_\_\_\_\_

Hospital : \_\_\_\_\_

Tel.: (        ) \_\_\_\_\_ Fax : (        ) \_\_\_\_\_

E-mail : \_\_\_\_\_ @ \_\_\_\_\_ ( Important )

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



### 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 **2009 AADO Orthopaedic Trauma Symposium** registration fees for the above-mentioned person(s).

Paying Cardmember Name : \_\_\_\_\_ (As shown on card.)

Paying Card Number : \_\_\_\_\_ Expiry Date : \_\_\_\_\_  
o VISA o MasterCard

Total Amount to be Debited :        **HK\$** \_\_\_\_\_

Paying Cardmember Contact :        Tel.: (        ) \_\_\_\_\_

Fax: (        ) \_\_\_\_\_

Authorised Signature : \_\_\_\_\_ Date : \_\_\_\_\_  
(As shown on card.)

**Registration fee for 2009 AADO Orthopaedic Trauma Symposium  
Minimising Surgical Invasion in Fracture Management**

**25-26 April 2009  
Orthopaedic Learning Centre, PWH**

<b>Registration Fee ( Refreshments and Lunches included )</b>	
<b>AADO Member</b>	<b>HK\$800 / US\$120</b>
<b>Non-Member</b>	<b>HK\$1,000 / US\$150</b>
<b>AADO Nurses Members</b>	<b>HKD300</b>
<b>Non Nurse Members</b>	<b>HKD500</b>

- **Maximum capacity : 80 participants and registration will be on first-come-first served basis.**
- **Registration will be closed on 14 April 2009. On-site registration is NOT allowed.**
- **Registration Fee is neither refundable nor transferable**

**Please return completed form by fax (for Credit Card Payment only) 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.  
Fax : (852) 2637 7889 / (852) 2632 4618

Credit Card Payment is the MOST PREFERRED mode of payment.

**ONLY** personal cheques drawn on a Hong Kong-based bank are accepted, otherwise, please send BANK DRAFT.

**Enquiry : Ms Terry Leung**

**Telephone: (852) 2632 3482**

**Fax: (852) 2647 7432 / (852) 2632 4618**

**Email : [secretariat@aado.org](mailto:secretariat@aado.org)**

**Website : [www.aado.org](http://www.aado.org)**

- **Please note that no free parking reservations will be provided. Parking services are available at PWH visitor car park or public car parks nearby.**