

REGISTRATION FORM

Registration Method

- (1) Complete the attached registration form in BLOCK LETTERS and return with the appropriate registration fee to the Secretariat; OR
- (2) Register online at our website <http://www.surgery.cuhk.edu.hk/cuhkss2019/>

Participant's Information

Title: Professor Doctor Mr. Ms. Mrs.

Surname: _____ Given Name: _____

Position: _____ Department: _____

Institution: _____

Mailing Address: _____

Country: _____

Tel: _____ Fax: _____

E-mail: _____

Registration fee includes registered scientific event, programme materials, meal function and promotional gifts, distributed on a first-come, first-served basis.

Secretariat:

Department of Surgery
The Chinese University of Hong Kong
4/F Lui Che Woo Clinical Sciences Building
Prince of Wales Hospital, Shatin, Hong Kong
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Fax No. : (852) 2635 3487
E-mail : cuhkss@surgery.cuhk.edu.hk
Website : www.surgery.cuhk.edu.hk/cuhkss2019

Registration

Registration Category	Overseas	Local
<input type="checkbox"/> Delegate (19-20 Dec 2019)	USD65	HKD500
<input type="checkbox"/> Trainee * (19-20 Dec 2019)	USD40	HKD300
<input type="checkbox"/> Nurse (19-20 Dec 2019)	USD30	HKD200
<input type="checkbox"/> Medical Student * (19-20 Dec 2019)	Free	

* Proof required

Payment Method

Credit Card Payment Visa MasterCard

Cardholder's Name

Surname

Given Name

Card Number

CVV No (3 digit)

Expiry Date

Amount HKD/USD

(mm/yyyy)

Signature of Cardholder

- A bank draft of USD/HKD _____ payable to "The Chinese University of Hong Kong".
- Personal Cheque for the amount of HKD _____ made payable to "The Chinese University of Hong Kong." (*For Hong Kong residents only*)

Signature of Applicant

Date