

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/cuhkss2018/>

Participant's Information

Title:	<input type="checkbox"/> Professor	<input type="checkbox"/> Doctor	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> 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
Tel No. : (852) 3505 3951/ 3505 1496/ 3505 3557
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E-mail : cuhkss@surgery.cuhk.edu.hk
Website : www.surgery.cuhk.edu.hk/cuhkss2018

Secretariat

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Registration

Registration Category	Overseas	Local
<input type="checkbox"/> Delegate (29-30 Nov 2018)	USD65	HKD500
<input type="checkbox"/> Trainee * (29-30 Nov 2018)	USD40	HKD300
<input type="checkbox"/> Nurse (29-30 Nov 2018)	USD40	HKD300
<input type="checkbox"/> Medical Student * (29-30 Nov 2018)	Free	

* Proof required

Payment Method

Credit Card Payment Visa MasterCard

Cardholder's Name

Surname

Given Name

Card Number

CVV No (3 digit)

Expiry Date

(mm/yyyy)

Amount HKD/USD

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

Secretariat

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