

The 19th Chinese University of Hong Kong Surgical Symposium

jointly organized with 6th West China-CUHK Surgical Forum & 2nd CUHK Alumni Association of Surgeons Meeting

第十九屆香港中文大學外科學術會議 暨 第六屆華西中大外科論壇及第二屆香港中文大學外科醫生校友會會議

25-26 November 2016 (Friday - Saturday) | Prince of Wales Hospital, Hong Kong | www.surgery.cuhk.edu.hk/cuss2016

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/cuss2016/>

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) 2632 1609/1496/2615
Fax No. : (852) 2635 3487
E-mail : cuss@surgery.cuhk.edu.hk
Website : www.surgery.cuhk.edu.hk/cuss2016



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Registration

Registration Category	Overseas	Local
<input type="checkbox"/> CUHK Alumni (25-26 Nov 2016)	USD40	HKD300
<input type="checkbox"/> Delegate (25-26 Nov 2016)	USD65	HKD500
<input type="checkbox"/> Trainee * (25-26 Nov 2016)	USD40	HKD300
<input type="checkbox"/> Nurse (25-26 Nov 2016)	USD40	HKD300
<input type="checkbox"/> Medical Student * (26 Nov 2016)	Free (Lectures only)	
<input type="checkbox"/> Gala Dinner # (26 Nov 2016) Special diet arrangement : <input type="checkbox"/> Vegetarian	Free	

* Proof required / # Limited seats. Successful registrant will be confirmed by email.

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



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