



REGISTRATION FORM

[Free registration for local HA staff, CUHK staff, CUHK medical students and CSHK members]

Personal Information (in block letters please)

Title: ☐ Professor ☐ Doctor ☐ Mr. ☐ Ms.

First Name: _____

Last Name: _____

Position: _____

Department: _____

Institution: _____

Mailing Address: _____

Country: _____

Tel: _____

Fax: _____

E-mail: _____

Registration (Please tick the appropriate box.)

<input type="checkbox"/>	A.	Full Programme (13 th – 14 th April, 2018) [all lectures + ENB Workshop + VATS Animal Wetlab]
<input type="checkbox"/>	B.	Lectures (both mornings on 13 th & 14 th April, 2018) and * 2 nd Electromagnetic Navigation Bronchoscopy Workshop [ENB Workshop] (afternoon session on 13 th April, 2018)
<input type="checkbox"/>	C.	Lectures (both mornings on 13 th & 14 th April, 2018) and * 2 nd Asia-Pacific Advanced & Novel Approaches to VATS Animal Wetlab [VATS Animal Wetlab] (afternoon session on 14 th April, 2018)
<input type="checkbox"/>	D.	Lectures only (both mornings on 13 th & 14 th April, 2018)

*Limited capacity and first-come, first-served for "ENB Workshop" and "VATS Animal Wetlab". Delegates enrolling to these sessions will be informed of successful registration via email upon receipt of registration within 7 working days. If the workshop / wetlab sessions have been full, participants may choose to either join the lectures only (ie: Option D) or completely withdraw from the Programme enrolled.

Please send the completed Registration Form to the Secretariat via email, by fax or by post.

Cancellation

Successful registrants please notify the Secretariat via email if they may need to withdraw from the programme after enrollment.

Private Policy Statement

The personal data provided by registrants / applicants will be used by the Department of Surgery, CUHK for the purposes of processing registration to the workshops / conferences and delivering information of current and future events. The data will not be transferred to other external parties except for the co-organizers of events for communication of programmes / events purpose. Under the provision of the Personal Data (Privacy) Ordinance, registrants / applicants have the rights to access to and request the correction of the personal data. Applicants may submit written request to <ATCCS2018@surgery.cuhk.edu.hk> if necessary.