



REGISTRATION FORM

[General Participants]

Personal Information (in block letters please)

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

First Name: _____

Last Name: _____

Position: _____

Department: _____

Institution: _____

Mailing Address: _____

Tel: _____

Country: _____

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]	HKD9,000 / USD1,160
<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)	HKD4,000 / USD520
<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)	HKD7,000 / USD900
<input type="checkbox"/>	D.	Lectures only (both mornings on 13 th & 14 th April, 2018)	HKD2,000 / USD260

*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.

Payment

Payment can be made by credit card or by bank draft / cheque payable to "The Chinese University of Hong Kong". It should be sent together with the completed registration form to the Secretariat. (Personal cheques are acceptable for Hong Kong residents only.)

Payment Methods

(This part must be completed for acceptance of registration and please tick the appropriate box.)

- ☐ A bankdraft / cheque for USD / HKD made payable to "The Chinese University of Hong Kong" is enclosed. (Personal cheques are acceptable for HK residents)
- ☐ Please debit my credit card: Visa / Master

Name: _____

Card No.: _____

Expiry Date: _____

Amount: _____ USD/HKD

Signature: _____

Please send the completed Registration Form to the Secretariat via email, by fax or by post (together with payment as appropriate).

Cancellation & Refund Policy

Notification of cancellation must be made in writing to the Secretariat. For cancellation request received on or before 28th February, 2018, 50% of the registration fee will be refunded. No refund will be made for cancellation received after 28th February, 2018.

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.