



ATCCS 2019

Asia Thoracic Cancer Care Summit

INNOVATIVE PERSONALIZED THERAPIES FOR THORACIC MALIGNANCIES



4th - 6th July, 2019 · HONG KONG

REGISTRATION FORM

[members of JACS, KATSO, PATACSI and TATCS]

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. Lectures + Dry Lab (4 th - 5 th July, 2019)	HKD2,000 / USD260
<input type="checkbox"/>	B. Lectures + Dry Lab + * VATS Animal Wetlab (4 th - 6 th July, 2019)	HKD4,500 / USD580

*Limited capacity and first-come, first-served for "VATS Animal Wetlab". Delegates will be informed of successful registration via email upon receipt of registration within 7 working days. If the VATS Animal Wetlab has been full, participants may choose to join Option A (i.e. Lectures + Dry Lab on 4th - 5th July, 2019).

<input type="checkbox"/>	The Japanese Association for Chest Surgery (JACS) (日本呼吸器外科学会)
<input type="checkbox"/>	The Korean Association for Thoracic Surgical Oncology (KATSO) (대한흉부종양외과학회)
<input type="checkbox"/>	Philippine Association of Thoracic and Cardiovascular Surgeons (PATACSI)
<input type="checkbox"/>	Taiwan Association of Thoracic and Cardiovascular Surgery (TATCS) (台灣胸腔及心臟血管外科學會)

Social Programme (Please tick if you will join the complimentary gala dinner and advise if you may have any dietary restriction.)

<input type="checkbox"/>	Gala Dinner (5 th July, 2019)
<input type="checkbox"/>	Dietary restriction (if any) : _____

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.)

<input type="checkbox"/>	A bankdraft / cheque in USD / HKD made payable to "The Chinese University of Hong Kong" is enclosed. (Personal cheques are acceptable for HK residents only.)	
<input type="checkbox"/>	Please debit my credit card: Visa / Master Name: _____ Expiry Date: _____ Signature: _____	Card No.: _____ Amount: _____ USD/HKD

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 22nd May, 2019, 50% of the registration fee will be refunded. No refund will be made for cancellation received after 22nd May, 2019.

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 ATCCS2019@surgery.cuhk.edu.hk if necessary.