**R E G I S T R A T I O N F O R M**

**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/>

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| --- |
| **Participant’s Information** |
| Title: | 🞏 Professor 🞏 Doctor 🞏 Mr. 🞏 Ms. 🞏 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

Fax No. : (852) 2635 3487

E-mail : cuhkss@surgery.cuhk.edu.hk

Website : www.surgery.cuhk.edu.hk/cuhkss2018

**Registration**

|  |  |  |
| --- | --- | --- |
| **Registration Category** | **Overseas** | **Local** |
| 🞏 **Delegate (29-30 Nov 2018)** | USD65 | HKD500 |
| 🞏 **Trainee \* (29-30 Nov 2018)** | USD40 | HKD300 |
| 🞏 **Nurse (29-30 Nov 2018)** | USD40 | HKD300 |
| 🞏 **Medical Student \* (29-30 Nov 2018)** | Free |
| \* Proof required |  |

**Payment Method**

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| --- | --- |
| 🞏 **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*)

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| --- | --- | --- |
|  |  |  |
| Signature of Applicant |  | Date |