

**Commission Training on Electro-Diagnosis
and
Intra-Operative Neuro-Monitoring in Orthopaedic Practice**
February 20 – 21, 2009 HONG KONG

REGISTRATION FORM

For Official use only

Receive Date: _____

Reference no.: HA09

Personal Particulars

(Please put a "✓" in appropriate box and fill it in block capitals.)

Title: Prof. Dr. Mr. Ms.

Surname: _____ Given name: _____

Department: _____

Institution: _____

Mailing Address: _____

Country: _____ E-mail: _____

Telephone: _____ Facsimile: _____

Registration Fee (please indicate your registration category)

HA Staff HK\$500 **Non-HA Staff** HK\$600

Payment

Bank Draft/Cheque no.: _____ (Name of Bank: _____) payable to "*The Chinese University of Hong Kong*".

Deadline for Registration

17 February 2009

I hereby agree with the terms & conditions above.

Signature: _____ **Date:** _____

Please return the Completed form with payment to:

Occupational Orthopaedics and Rehabilitation Centre
Department of Orthopaedics & Traumatology
Faculty of Medicine, The Chinese University of Hong Kong
5th Floor, Clinical Sciences Building
Prince of Wales Hospital, Shatin, N.T.
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