

# Siemens-Stryker 15<sup>th</sup> Advanced Trauma Workshop

Intra-operative 3D imaging and applications in CAOS

## Faculty

Prof. T. Huefner, Hannover, Germany  
Prof. W Tian, Beijing, China  
Prof. KS Leung, Hong Kong  
Dr. N Tang, Hong Kong  
Dr. KC Wong, Hong Kong



**Date:** 13<sup>th</sup> September, 2009(Sunday)

**Venue:** Orthopaedic Learning Centre,  
1/F Li Ka Shing Specialist Clinic, North Wing  
Prince of Wales Hospital, Shatin, Hong Kong

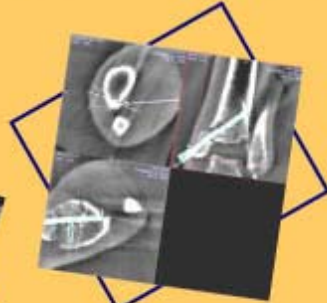
**Organizers:** Orthopaedic Learning Centre,  
Dept of Orthopaedics and Traumatology,  
The Chinese University of Hong Kong



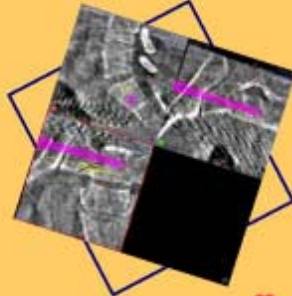
**Course Fee:** HK\$1,000

**Deadline for registration:** 1<sup>st</sup> September, 2009

**Accreditation:** 5 CME Points from HKCOS  
5 Training Points from HKCOS



**For enquiries please contact:**  
Candy Chan at (852) 2632 3074  
Fax: (852) 2647 7432  
email: olc@ort.cuhk.edu.hk  
website: www.olic-cuhk.org



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Name: \_\_\_\_\_  
(First Name) (Last Name)

Hospital: \_\_\_\_\_

Correspondence address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Recommended Hotel Accommodation

The organizer recommends following hotels in the nearby districts of the workshop venue.

**Regal Riverside Hotel:** Address: 34-36, Tai Chung Kiu Road, Shatin, N.T., Hong Kong Tel: (852) 2649 7878 Fax: (852) 2637 4748

**Royal Park Hotel:** Address: 8 Pak Hok Ting Street, Shatin, Hong Kong Tel: (852) 2601 2111 Fax: (852) 2601 3666

### Payment

Please mail your application together with a cheque payable to "The Chinese University of Hong Kong" to *Orthopaedic Learning Centre, 1/F Li Ka Shing Specialist Clinic, North Wing, Prince of Wales Hospital, Shatin, HK if you are using the cheque payment.* Please send to us by fax (852) 2647 7432 *if you are using credit card payment.*

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### Credit Card Payment of Registration Fee

I hereby authorize the **Chinese University of Hong Kong** to debit the following credit card in the total amount indicated below for payment of the registration fee for the above-mentioned person(s).

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Total Amount to be Debited: **HK\$1,000/ US\$130**

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