



# The 3<sup>rd</sup> Orthopaedic Nursing Conference 2004

30 October 2004

Jockey Club School of Public Health  
The Chinese University of Hong Kong  
Prince of Wales Hospital  
Shatin, Hong Kong

Name (in block letters): \_\_\_\_\_  
Last Name First Name Middle Name

Title : Mr / Mrs. / Ms / Dr. / Prof. / Other: \_\_\_\_\_

Mailing Address : \_\_\_\_\_

Zip : \_\_\_\_\_ Country : \_\_\_\_\_

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

Tel.: (        ) \_\_\_\_\_ Fax : (        ) \_\_\_\_\_

E-mail : \_\_\_\_\_ @ \_\_\_\_\_

## Registration Fee for 3<sup>rd</sup> Nursing Conference

- Member US\$70 or HK\$500  
 Non-member US\$90 or HK\$700

## Registration Fee for Satellite Workshop (28 October 2004)

– AADO Members Only (Priority will be given to conference attendee)

- US\$15 or HK\$100

\* The maximum capacity for the satellite workshop is 50 participants.

**\*\* Please use separate cheque / Credit Card Payment Authorisation form for Satellite Workshop Registration**

**Registration Fee is neither refundable nor transferable.**

Please return completed forms by fax (for Credit Card Payment Only)

**( 852 ) 2647 7432**

or mail to :

The AADO Secretariat,  
Orthopaedic Learning Centre,  
1/F Li Ka Shing Specialist Clinics North Wing  
Prince of Wales Hospital,  
Shatin, HONG KONG.



# The 3<sup>rd</sup> Orthopaedic Nursing Conference 2004

30 October 2004

Jockey Club School of Public Health  
The Chinese University of Hong Kong  
Prince of Wales Hospital  
Shatin, Hong Kong

Please complete **Credit Card Payment Authorisation** below, or send us a **Cheque / Bank Draft** made payable to "Asian Association for Dynamic Osteosynthesis"



## Credit Card Payment of Registration Fees

I hereby authorise the *Asian Association for Dynamic Osteosynthesis* to debit the following credit card in the total amount indicated below for payment of the registration fees for the above-mentioned person(s).

Paying Cardmember Name : \_\_\_\_\_ (As shown on card.)

Paying Card Number : \_\_\_\_\_ Expiry Date : \_\_\_\_\_  
o VISA o MasterCard

Total Amount to be Debited :      **US\$ / HK\$** \_\_\_\_\_

Paying Cardmember Contact :      Tel.: (      ) \_\_\_\_\_

Fax: (      ) \_\_\_\_\_

Authorised Signature : \_\_\_\_\_ Date : \_\_\_\_\_  
(As shown on card.)

Credit Card Payment is the **MOST PREFERRED** mode of payment (The Credit Card payment form is attached). **ONLY** personal cheques drawn on a Hong Kong-based bank are accepted, otherwise, please send **BANK DRAFT**.