



Asian Association for Dynamic Osteosynthesis

Workshop on Prevention of Surgical Site Infection

4th October 2009 (Sunday)

Orthopaedic Learning Centre, PWH, Shatin, N T

Application Form

Name : (Dr / Mr / Ms) _____

AADO member: No / Yes Membership no : _____

Hospital : _____ Rank : _____

Present working place : *Ward/ OT/ Others _____

Correspondence Address :

Day-time Contact Tel. No : _____

E-mail Address : _____

Date of Application: _____ Signature: _____

Lecture Session Fee: AADO Member \$200 Non-member \$300

Workshop Session Fee: AADO Member \$100 Non-member \$200

Total: HK\$ _____

Tea and *Lunch* included (*Lunch* for applicants registered with both lecture and workshop only)

- Registration with workshop session only is **not applicable**
- Cheque should be made payable to “Asian Association for Dynamic Osteosynthesis”
- Please use “separate” cheques / credit card payment authorization forms for lecture and workshop session
- Registration fees are neither transferable nor refundable

Application Deadline : 15 September 2009

Application form with payment please send to :

The Secretariat, AADO

OLC, 1/F, Li Ka Shing Specialist Clinics, North Wing, Prince of Wales Hospital, Shatin, NT;
or by fax to (852) 2647 7432 if payment by credit card

Successful applicants will be announced on 21 September 2009 on website “www.aado.org”, and will be notified individually.

Enquiry: Ms Terry Leung

Tel: (852) 2632 3482

Fax : (852) 2647 7432

Email: secretariat@aado.org

Programme and application form are also available at : www.aado.org

Credit Card Payment Authorisation Form

Name (in block letters): _____

Title : Dr / Mr / Ms

Hospital : _____

Correspondence Address :

Day-time Contact Tel. No. : _____

Email : _____

Please complete **Credit Card Payment Authorisation** below, and send together with the Application form.



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 **“Workshop on Prevention of Surgical Site Infection, 04 October 2009”** application fee (s) 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 : **HK\$** _____

Paying Cardmember Contact : **Tel :** () _____

Fax : () _____

Authorised Signature : _____ Date : _____