



3rd Endoscopic Ear Surgery & Temporal Bone Dissection Workshop 2018

15 – 18 November

Prince of Wales Hospital, Hong Kong

Secretariat Office

Department of Otorhinolaryngology, Head and Neck Surgery, The Chinese University of Hong Kong, Prince of Wales Hospital, Shatin, Hong Kong

Tel: (852) 3505 1407

Fax: (852) 2145 8876

Email: hktees@ent.cuhk.edu.hk

REGISTRATION FORM

Complete this registration form in BLOCK LETTERS and return it with the appropriate registration fee to the Secretariat by email (hktees@ent.cuhk.edu.hk), fax (+852 21458876) or mail (address: **Conference Secretariat, Department of Otorhinolaryngology, Head and Neck Surgery, Room 84026, 6/F, Lui Che Woo Clinical Sciences Building, Prince of Wales Hospital, Shatin, Hong Kong**). Places will be confirmed upon receipt of completed registration form and full payment.

PERSONAL INFORMATION

Title ☐ Prof ☐ Dr ☐ Mr ☐ Mrs ☐ Ms

First Name _____ Last Name _____

Institution _____ Country/Region _____

Telephone No. _____ Email _____

REGISTRATION

Venue	Day 1 (15 Nov)	Day 2 (16 Nov)	Day 3 (17 Nov)	Day 4 (18 Nov)
MISs	Group A Microscopic	Group A Microscopic	Group C Microscopic + Endoscopic	Group C Microscopic + Endoscopic
MISb	Group B Endoscopic	Group B Endoscopic	Group D Endoscopic	Group D Endoscopic
		Gala Dinner		

	On/Before 1 September 2018		After 1 September 2018	
	Hands-on	Observer	Hands-on	Observer
Group A (waiting list)	<input type="checkbox"/> HK\$9,600	15-16 Nov	<input type="checkbox"/> HK\$12,000	15-16 Nov
Group B (waiting list)	<input type="checkbox"/> HK\$9,600	<input type="checkbox"/> HK\$2,000	<input type="checkbox"/> HK\$12,000	<input type="checkbox"/> HK\$2,500
Group C	<input type="checkbox"/> HK\$12,000	17-18 Nov	<input type="checkbox"/> HK\$15,000	17-18 Nov
Group D	<input type="checkbox"/> HK\$9,600	<input type="checkbox"/> HK\$2,000	<input type="checkbox"/> HK\$12,000	<input type="checkbox"/> HK\$2,500
Group A + D (waiting list)	<input type="checkbox"/> HK\$16,000	15-18 Nov	<input type="checkbox"/> HK\$20,000	15-18 Nov
Group B + C (waiting list)	<input type="checkbox"/> HK\$18,400	<input type="checkbox"/> HK\$4,000	<input type="checkbox"/> HK\$23,000	<input type="checkbox"/> HK\$5,000
Gala Dinner (16 Nov)	<input type="checkbox"/> HK\$300 for each workshop participant <input type="checkbox"/> HK\$600 for each accompanying person			
Grand Total	HK\$			

Note: Priority will be given to candidates who join 2 groups.

Dietary Preference : ☐ Regular ☐ Vegetarian

PAYMENT METHOD

☐ **Bank Draft:** a bank draft payable to “The Chinese University of Hong Kong” is enclosed.
(Personal cheques are acceptable for HK residents ONLY)

☐ **Credit Card:** Visa / Master@ (@delete as appropriate)

Name of Card Holder _____

Card No _____ - _____ - _____ - _____ Expiry date ____/____

Amount HK\$ _____

Signature _____ Date _____



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PROMOTIONAL CHANNEL

How did you get to know about this event?

- ☐ At past The Chinese University of Hong Kong events such as conferences, workshops or courses
- ☐ Official website
- ☐ Online event calendar
- ☐ Promotional email
- ☐ Event flyer
- ☐ Facebook
- ☐ WeChat
- ☐ Magazine
- ☐ Word of mouth
- ☐ Other _____

PROTECTION OF PERSONAL DATA

The Department of Otorhinolaryngology, Head and Neck Surgery of The Chinese University of Hong Kong (“Department”) organizes academic and educational activities. The Department intends to use the personal data (i.e. your name, email and mailing addresses and contact number) you provided in this form for the purpose of sending you the Department’s promotional and educational information.

Please tick the box to indicate your consent:

- ☐ I agree that “Department” uses my name, email address and contact number (if applicable) for the purpose of sending me Department’s promotional and educational information.
- ☐ I do not wish that “Department” uses my name, email address and contact number (if applicable) for the purpose of sending me Department’s promotional and educational information.

Participants have the right to request access to and correction of their personal data held by the “Department”. Please send the request to the Secretariat by fax (852) 2145 8876, by email at hktees@ent.cuhk.edu.hk, or by mail to the Department of Otorhinolaryngology, Head and Neck Surgery, The Chinese University of Hong Kong, Prince of Wales Hospital, Shatin, Hong Kong.

PAYMENT, CANCELLATION AND REFUND POLICY

- Please note that full payment must be received with completed registration form.
- All cancellations must be made in writing to the Secretariat. The following refund policy will be observed:

Postmarked, faxed or email on or before 13 September 2018	Refund of registration fee less an administration charge of HK\$600
Postmarked, faxed or email after 13 September 2018	No refund

Should the Workshop scheduled have to be cancelled due to unforeseeable circumstances, the organizer shall try to reschedule the programme whenever possible. There will be no refund if the delegate cannot attend the re-scheduled programme. If, for reasons beyond the control of the Organizing Committee, the Workshop is cancelled, registration fees will be refunded after the deduction of expenses already incurred.