

Signature







Endoscopic Ear Surgery Pre-workshop Live Demonstration 4th Advanced Endoscopic & Temporal Bone Dissection Workshop 12-14 December 2019

REGISTRATION FORM

Complete this registration form in (we accept fax and on-line registration form and full payment)	stration for credit car		11 1			
Salutation	□ Dr □	Mr	☐ Ms			
First Name	Last	Name				
Institution						
Mailing Address						
Tel <u>()</u>	Fax <u>(</u>)	Email				
REGISTRATION						
Pre-WS Demo only (12 Dec)	On/Before 6	October 2019	After 6 October 2019			
ENT Specialist	□ нк	(D 2,000	☐ HKD 2,500			
ENT Trainee # / Nurse	□ нк	(D 1,000	□ нк	(D 1,250		
Nurse (HK Hospital Authority)	☐ HKD 750					
Gala Dinner (12 Dec 2019)	☐ HKD 780 per person x = HKD					
Forum + Workshop + Gala Dinn	er Package (12 - 14 De	ec 2019)				
	Dissector Package	Observer Package	Dissector Package	Observer Package		
ENT Specialist	☐ HKD 14,800	☐ HKD 4,800	☐ HKD 17,800	☐ HKD 5,300		
Trainee #	☐ HKD 11,840	☐ HKD 4,000	☐ HKD 14,240	☐ HKD 4,300		
Dietary Preference: Re PAYMENT METHOD	gular 🗌 Vegeta	arian		# Proof is required.		
□ A bank draft for Hong Kong cheques are acceptable for□ Please debit my credit card:	Hong Kong residents (ONLY)	ersity of Hong Kong" i	s enclosed. (Personal		
Name of card holder			Amount (HKD)			
Card no.	-		Expiry date	/		



Email:

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PROTECTION OF PERSONAL DATA

The Department of Otorhinolaryngology, Head and Neck Surgery (ENT) 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.

Pleas	se tick the box to inc I agree that "Depa	dicate your consent. artment" uses my name,	email addre	ess and	d contact num	nber (if applica	able) for the purpose	0
	sending me Depar	tment's promotional and	educational	l inform	nation.			
	I do not wish that	"Department" uses my n	ame, email a	addres	s and contact	number (if app	plicable) for the purpo	ose
	of sending me Dep	partment's promotional a	nd educatior	nal info	rmation.			
Pleas	se send the request t	e the right to request accepto Course Secretariat by fainolaryngology, Head and	ax (852) 214	45 8876	6, by email at	hktees@ent.cu	ıhk.edu.hk, or by mail	
Pleas	· ·	heard about this course. N				shops or cours	ses.	
	Dept's webpage Facebook	☐ Promotional Postcar☐ Promotional email	rd 🗆	WeCl		☐ Online e	vent calendar	
All c	ancellations must be will be charged. The	e made in writing to hktee ere is no refund after 13 Oc	s@ent.cuhk.	.edu.hk	-			D
	Postmarked, faxed	or email by 13 October 20)19			f registration for ation charge of		
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-		he Woo Clinical Sciences				•	•	
Те	el: (852) 35	605 1277	Fax: ((852) 2	145 8876			