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| D:\O&G\2017-04-26_Regional-surgical-workshop\poster\HKU_shield.emf | Gynaecological Oncology Surgical Workshop |

Registration form

All information should be typed in upper and lower case (e.g. King's Road).

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| (A) Personal information |
| Title: |  | Last Name: |  |
| First Name: |  |
| Position: |  |
| Department |  |
| Institution: |  |
| Address: |  |
| City: |  | State: |  |
| Postal code: |  | Country: |  |
| Tel: | (Country code)(Area code) (Telephone number) | Mobile phone: | (Country code)(Area code) (Telephone number) |
| Fax: |  |
| Email |  |
| Special meal requests: | 🞏 Vegetarian 🞏 Pork-free 🞏 Beef-free 🞏 Others, please specify:  |
| Attend course dinner on day 1 | (for participants attending day 1-3 only)🞏 Yes 🞏 No |

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| (B) Payment |
| Credit Card (to be debited in Hong Kong dollars only)🞏 HK$22,000 (Day 1 - 3) 🞏 HK$18,000 (early bird, before 30 August 2018)🞏 HK$200 (Day 1 only)I hereby authorise The Department of Obstetrics & Gynaecology, The University of Hong Kong to debit the above-mentioned amount from my card. VISA MasterCard Card No. \_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Name of Cardholder  Expiry Date (MM/YY) / If you are not using personal credit card to pay, please fill in the following details of the cardholder.Contact Email: Contact Phone Number:  |