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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: |