



**REGISTRATION FORM**

Personal Information (in block letters please)

Title: Professor Doctor Mr. Ms.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Position: \_\_\_\_\_

Department: \_\_\_\_\_

Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Registration (Please tick the appropriate box.)

**Overseas**

<input type="checkbox"/>	Lectures and Hands On [Limited capacity. First-come, first-served.]	HKD5,500 / USD710
<input type="checkbox"/>	Lectures only	HKD2,100 / USD270

**Local**

<input type="checkbox"/>	Lectures and Hands On [Limited capacity. First-come, first-served.]	HKD2,750
<input type="checkbox"/>	Lectures only	HKD1,050

Payment

Payment can be made by credit card or by bank draft / cheque payable to "The Chinese University of Hong Kong". It should be sent together with the completed registration form to the Secretariat. (Personal cheques are acceptable for Hong Kong residents only.)

Payment Methods

(This part must be completed for acceptance of registration and please tick the appropriate box.)

- A bankdraft / cheque for USD / HKD made payable to "The Chinese University of Hong Kong" is enclosed. (Personal cheques are acceptable for HK residents)
- Please debit my credit card: Visa / Master

Name: \_\_\_\_\_ Card No.: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Amount: \_\_\_\_\_ USD/HKD

Signature: \_\_\_\_\_

Cancellation & Refund Policy

Notification of cancellation must be made in writing to the Secretariat. For cancellation request received on or before 6<sup>th</sup> March, 2017, 50% of the registration fee will be refunded. No refund will be made for cancellation received after 6<sup>th</sup> March, 2017.

Private Policy Statement

The personal data provided by registrants / applicants will be used by the Department of Surgery, CUHK for the purposes of processing registration to the workshops / conferences and delivering information of current and future events. The data will not be transferred to other external parties except for the co-organizers of events for communication of programmes / events purpose. Under the provision of the Personal Data (Privacy) Ordinance, registrants / applicants have the rights to access to and request the correction of the personal data. Applicants may submit written request to [AorticWetLab2017@surgery.cuhk.edu.hk](mailto:AorticWetLab2017@surgery.cuhk.edu.hk) if necessary.