

THE HONG KONG ORTHOPAEDIC ASSOCIATION SPINE CHAPTER
Basic Spine Course for Orthopaedic Trainees and Young Fellows
by Spine Chapter 2025

Date: 21 June 2025 (Saturday)

Time: 10:00 to 17:15

Venue: Stryker APAC Training Center, 9th Floor, 12 Taikoo Wan Road, Taikoo Shing, HK

REGISTRATION FORM

1. Applicant's Information

Surname: _____	Given name: _____
Hospital: _____	Year of HOT/ Fellow: _____
Contact No.: _____	Email Address: _____

2. Registration Fee

- HK\$500 : Registration fee (current Spine Chapter Members)
- HK\$1,500 : Registration fee (Non-Spine Chapter Members)

3. Spine Chapter Subscription (please complete attached subscription form)

- HK\$200 : 2025-2026 Biennial Spine Chapter Subscription
- HK\$1,000 : Life Member Subscription (for fellows only)

- * Limited quota available. Successful applicants will be notified of the results via email.
- * No cancellations or refunds after registration.
- * The form for spine chapter subscription is attached.

4. Payment

- ❖ Only credit card payment is available.
- ❖ Payment will only be made after the application has been successfully approved.
- ❖ Please complete the attached "Authorization Form" for settlement of the registration fee / Spine Chapter subscription.

I hereby agree with the terms and conditions above.

Signature.: _____

Date: _____

*Please return the completed form to Ms Karen CHENG on or before **6 June 2025**.*

Fax : (852) 2683 7576 Email : chengwlk@ha.org.hk

Merchant Information			
Merchant Name:	The Hong Kong Orthopaedic Association		
Contact Person:	Ms Pracida LAW	Tel: 2689 2278	Fax: 2665 1694
Address:	c/o 11 Chuen On Road, Tai Po, New Territories, Hong Kong		

Authorization Form



I hereby authorize The Hong Kong Orthopaedic Association to charge from my below credit card account in settlement of the Registration Fee of HKOA Spine Chapter - Basic Spine Course for Orthopaedic Trainees and Young Fellows by Spine Chapter 2025.

Credit Card Information

(In BLOCK letters)

Credit Card Number :

CW2 / CVC2* : (Last three digits on card's signature panel 背後簽名欄上的最後 3 位數字)

Cardholder Name : _____

Expiry date : (MM / YY)

Issuing Bank : _____

Products Description : Registration fee Basic Spine Course for Orthopaedic Trainees and Young Fellows by Spine Chapter 2025

Total Amount : HK\$ _____

Cardholder Signature : _____
(Same as the signature panel of the card)

Date : _____