Merchant Information			
Merchant Name:	The Hong Kong Orthopaedic Association		
Contact Person :	Ms. Doris Lau	Tel : 2255-4581	Fax : 2817-4392
Email:	lws835a@ha.org.hk		
Address :	c/o Dept of O & T, 5/F Professorial Block, QMH, Pokfulam, Hong Kong		

Authorization Form

I hereby authorize The Hong Kong Orthopaedic Association to charge from my below credit card account in settlement of membership fee

Credit Card Information

Credit Card Number : | | | | | | | | | | | | | | | |

CVV2 / CVC2* : | | | | (Last three digit 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 : **Inaugural HKOA Trauma Interest Group Masterclass**

Registration Fee :

☐ **HK$500** (Symposium Only – Day 1 (**10 Oct 2026**)

☐ **HK2,500** (Anatomical Specimen Lab Only – Day 2 (**11 Oct 2026**)

:

Cardholder signature _____

(Same as the signature planet of the Card)

Date : _____