

International Symposium on Ligaments & Tendons - Hong Kong 2008
Chronic Tendinopathy & Bone-Tendon Junction Repair
Current concepts, controversies & challenges
April 10, 2008

**Registration Form &
Credit Card Payment Authorization Form**

REGISTRANT INFORMATION

Name: *Prof/Dr/Mr/Ms/Miss* _____

First Name

Last Name

Affiliation: _____

Address: _____

Email: _____

Tel: () _____ Fax: () _____

Please complete Credit Card Payment Authorization section below and send the form to us by
fax: (852) 2646 3020, OR

Email: wcst2008@ort.cuhk.edu.hk

To: Secretariat

Credit Card Payment Authorization

I hereby authorize the *Chinese University of Hong Kong* to debit the following credit card in the total amount indicated below for payment of the registration fee for the above mentioned person.

Paying Cardmember Name: _____ (as shown on card)

Paying Card Number: _____ Expiry Date: _____

VISA



MasterCard



Total Amount to be debited: **USD 100, equivalent to HKD 800***

Paying Cardmember Contact: Tel.: () _____

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Authorized Signature: _____ (as shown on card)

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* USD1 equivalent to HKD8

Deadline for registration: Feb 29, 2008