





30 March 2019, Saturday Postgraduate Education Centre, Prince of Wales Hospital, Hong Kong

Credit Card Payment Form

Please fill in below information and return this payment form to the Secretariat by email / mail

Personal Information	<u>.</u>					
First Name: Surname Name: Registration ID:						
			Email:			
			Payment Information	<u>1</u>		
□ Visa □ MasterCar						
Cardholder Name : Card Number : Expiry Date :						
			Amount:	HKD		
			Signature :			
Email: apben@med.	<u>cuhk.edu.hk</u>	······				
Mail: c/o Faculty and Planning Office Faculty of Medicine Room G07, Choh-Ming Li Basic Medical Sciences Building						
			The Chinese University of Hong Kong			
			Shatin, New Territories			
Hong Kong	g					
Registration Fee						
* Students/Staff of The Chinese University of Hong Kong						
* Staff of Prince of Wales Hospital / Hospitals in New Territories East Cluster		Free				
* Staff of Hospital Authority other than New Territories East Cluster or others		HKD 500				

^{**}Cancellation and Refund Policy: No refund will be made once the payment is confirmed