

# CASE SUBMISSION FORM FOR SURGICAL GRAND ROUND

**SUBMISSION DEADLINE**

14 JULY 2017



## CONJOINT SCIENTIFIC CONGRESS 2017

### PART 1 PERSONAL INFORMATION

#### Information of Case Submitter

Title (Please select)  Professor  Dr  Mr  Ms

Surname \_\_\_\_\_ Given name \_\_\_\_\_

Position \_\_\_\_\_  Basic Surgical Trainee  Higher Surgical Trainee  Fellow

Other: Please Specify \_\_\_\_\_

Department \_\_\_\_\_ Institution \_\_\_\_\_

Correspondence Address \_\_\_\_\_

Direct contact no \_\_\_\_\_ Fax no \_\_\_\_\_

Email \_\_\_\_\_

\*Please ensure that you leave valid contact no. and email address for future correspondence.

Please tick the appropriate box.

I will present the case by myself (If so, please skip the part of Information of Case Presenter)

I will nominate the following representative to present the case (If so, please fill in the Information of Case Presenter)

#### Information of Case Presenter

Title (Please select)  Professor  Dr  Mr  Ms

Surname \_\_\_\_\_ Given name \_\_\_\_\_

Position \_\_\_\_\_  Basic Surgical Trainee  Higher Surgical Trainee  Fellow

Other: Please Specify \_\_\_\_\_

Department \_\_\_\_\_ Institution \_\_\_\_\_

Correspondence Address \_\_\_\_\_

Direct contact no \_\_\_\_\_ Fax no \_\_\_\_\_

Email \_\_\_\_\_

\*Please ensure that you leave valid contact no. and email address for future correspondence.

#### Information of Senior Colleague (For Basic Surgical Trainee or Higher Surgical Trainee only)

I shall invite the following Senior Colleague to attend my presentation if my case is accepted

Name \_\_\_\_\_ Direct contact no \_\_\_\_\_ (Email) \_\_\_\_\_

### PART 2 CASE INFORMATION

Case Title: \_\_\_\_\_

#### Specialty of the case presented (Please circle)

Cardiothoracic Surgery    General Surgery    Neurosurgery    Paediatric Surgery    Plastic Surgery    Urology

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit the case summary with the completed application form by the following means:

i) By post: Rm 601, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, HK

ii) By fax (852)2518 3200

iii) By email: [csc@cshk.org](mailto:csc@cshk.org)

# CASE SUMMARY FOR SURGICAL GRAND ROUND SESSION

(Please state your case summary)