# HKCOS%20logo

**For official use only**

Registration No.:

Date Received:

THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS

**SPECIALTY Day in Foot and ankle**

# Date: 12 July 2025 (Saturday), 11am – 3pm

**Venue:** Seminar Room, 9/F, Main Clinical Block and Trauma Centre, Prince of Wales Hospital

# R E G I S T R A T I O N F O R M

**( Please put a “✓” in appropriate box and fill it in BLOCK LETTERS )**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: | [ ] [ ]  Prof.  | [ ] [ ]  Dr. | [ ] [ ]  Mr. | [ ] [ ]  Mrs. | [ ] [ ]  Ms. |
| Surname: |  | Given Name: |  |
| Chinese Name: |  | Position: |  |
| Hospital / Practice: |  | Department: |  |
| HKCOS Category: | [ ] [ ]  HKCOS Fellow | [ ] [ ]  HKCOS Trainee | [ ] [ ]  Others: |  |
| Mailing Address: |  |
|  |  |
| Contact Telephone: |  | Facsimile: |  |
| Contact Email: |  |
| Car Plate No.: | *(Limited free parking is available on first-come-first-served reservation basis)* |
|  |  |
| **REGISTRATION FEE** |  |
| **HKCOS Trainees: HK$300 and HKCOS Fellows: HK$600.** Registration will be made on a first-come-first-served basis and NO refund will be made after registration. |
|  |  |
| **PAYMENT** |  |
| [ ] [ ]  A cheque or bank draft No.  |  | in HK$ |  | made payable to |
|  “ **THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS** “isenclosed. |
|  |  |

**I hereby agree with the terms & conditions above.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**Please return the completed form with cheque payment to:**

Secretariat (Specialty Day)

The Hong Kong College of Orthopaedic Surgeons

Room 905, 9/F

Hong Kong Academy of Medicine Jockey Club Building

99 Wong Chuk Hang Road

Aberdeen, Hong Kong

Tel: (852) 2871 8722 Fax: (852) 2873 4077 E-mail: hkcos@hkcos.org.hk Website: www.hkcos.org.hk