



The Hong Kong College of Orthopaedic Surgeons  
30<sup>th</sup> Anniversary

**INJURY PREVENTION CONFERENCE 2018**  
**Improving Road Safety and Sports Safety**

Date : 25 August 2018 (Saturday)  
Venue : G/F, Hong Kong Academy of Medicine Jockey Club Building,  
99 Wong Chuk Hang Road Aberdeen, Hong Kong

**For official use only**

Registration No.:

Date Received:

**REGISTRATION FORM**

( Please put a "✓" in appropriate box and fill it in block capitals )

Title:  Prof.  Dr.  Mr.  Mrs.  Ms.

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Chinese Name: \_\_\_\_\_ Position: \_\_\_\_\_

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

Specialty:  Orthopaedics  Surgery  Public Health  A&E  Nurse  
 Physiotherapist  Occupational Therapist  Student\*  Others: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**REGISTRATION**

Registration fee: HK\$700 (after 14 August 2018)

Discounted rate for early bird registration: HK\$500 (~~on or before 31 July 2018~~) (Extension to 14 August 2018)

\*Limited quota for complimentary registration

(Registration will be made on a first-come-first-served basis. Written requests must be sent to the below Conference Secretariat address on or before 31 July 2018 for cancellation and registration fee refund. An administrative fee of HK\$100 per registration will be charged. **NO REFUND REQUEST WILL BE ENTERTAINED AFTER 31 July 2018.** Only written requests will be accepted. All approved refunds would be issued 30 days after the event. In case of cancellation due to bad weather or other uncontrollable factors, no refund will be entertained.)

**METHOD OF PAYMENT**

Payment of the registration fee should be made by:

Cheque or bank draft No. \_\_\_\_\_ in HK dollars \_\_\_\_\_ made payable to 'THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS'.

Payment by bank transfer to the bank account of The Hong Kong College of Orthopaedic Surgeons with HSBC, A/C No. 082-140179-001. Please quote 'IPC2018' for reference and send bank advice to the Conference Secretariat.

I hereby agree with the terms & conditions above.

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

Please return the completed form with cheque payment (or bank advice) to:  
Conference Secretariat, The Hong Kong College of Orthopaedic Surgeons  
Room 905, 9/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong  
Tel: (852) 2871 8722 Fax: (852) 2873 4077 Email: hkcoss@hkcoss.org.hk Website: www.hkcoss.org.hk