

Rehabilitation of Lower Limb Amputee

Conjoint Training Program

by

Rehabilitation Subspecialty Board

Hong Kong College of Orthopaedic Surgeons

and

Coordinating Committee, Orthopaedics and Traumatology

Hong Kong Hospital Authority

Date: 8 - 9 th October 2005

Venue: Hong Kong Academy of Medicine

Course Fee: HK \$ 400

Overseas Speakers:

Prof. Douglas Smith

Mr. John Hattingh

Department of Orthopedics

University of Washington

Local Faculty:

Prof. P C Leung

Prof. Margaret Wong

Department of Orthopaedics and Traumatology

Chinese University of Hong Kong

Prof. Zhang Ming

Mr. Eric Tam

Rehabilitation Engineering Center

Polytechnic University Hong Kong

Dr. C Y Lam

O&T Department, NTEC, HA

Deadline for registration: 29th July 2005

Accreditations:

HKCOS 8 Cat A / 8 Rehab Credit Points, HKCFM 8 CME Points, CME for other colleges pending

HKSCPO 10 CPE Credit Points, HKPA 9 CPD Credit Points

CNE Credit Points for Nurses and Credit Points for Occupational Therapists pending

Enquiries: Miss Irene Yu, Tel: 28718722 Fax: 28734077



REGISTRATION FORM

Conjoint Training Program by
Rehabilitation Subspecialty Board, HKCOS and
Coordinating Committee, O&T, Hospital Authority

8 - 9 October 2005

Venue : Hong Kong Academy of Medicine Building

Rehabilitation of Lower Limb Amputee

Please put a “√” in the appropriate box / * Please delete one

Name: Professor/Doctor/Mr/Ms _____
(Surname first) (In Block Letters Please)

Profession:	<input type="checkbox"/> Doctor (Specialist/Trainee)*	<input type="checkbox"/> Physiotherapist
	<input type="checkbox"/> Podiatrist	<input type="checkbox"/> Occupational Therapist
	<input type="checkbox"/> Nurse	<input type="checkbox"/> Prosthetist & Orthotist
	<input type="checkbox"/> Others (<i>please specify</i>) :	

Institution: _____

Correspondence Address: _____

Telephone No: _____ Fax: _____

E-mail address: _____

Cheque No: _____ Bank Name: _____

Signature: _____ Date: _____

- Cheque (HK\$400 per person) should be made payable to “The Hong Kong College of Orthopaedic Surgeons”

Please return this registration form with cheque to Ms. Irene Yu on or before 29 July 2005

Address : Ms. Irene Yu
Executive Secretary, HKCOS
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99 Wong Chuk Hang Road, Aberdeen
Hong Kong

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