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Registration No.:

Date Received:



THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS SPECIALTY DAY IN CLINICAL RESEARCH

Date: 11 February 2017 (Saturday)

Venue: Orthopaedic Learning Centre, 1/F, Li Ka Shing Specialist Clinics, North Wing, Prince of Wales Hospital, Shatin, N.T. Hong Kong

REGISTRATION FORM

(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.

Late registration fee or on-site registration fee will be applied after 27 January 2017. Trainees: HK\$400 and Fellows: HK\$800.

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 " is enclosed.

I hereby agree with the terms & conditions above.

Signature: _____ Date: _____

Please return the completed form with payment to:

Secretariat
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