



THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS
香 港 骨 科 醫 學 院

CME/CPD ANNUAL RETURN ENQUIRY REQUEST FORM

To : Secretariat
 The Hong Kong College of Orthopaedic Surgeons
 Room 905, 9th Floor
 Hong Kong Academy of Medicine Jockey Club Building
 Aberdeen, Hong Kong

Tel : (852) 2871 8722
 Fax : (852) 2873 4077

<i>Office use only</i>	
Date rec'd:	_____
Cheque no.:	_____
Sent date:	_____

Name : _____ Contact no. : _____

Items		Cost (HK\$)
<input type="checkbox"/>	Enquiring Personal CME/CPD points or checking previous Annual Return Record(s) Administrative Fee	\$500
<input type="checkbox"/>	Re-issue of Annual Return Confirmation <i>Please specify the enquiry period and means of reply in below:</i> Period: _____ Return by: <input type="checkbox"/> Email to: _____ <input type="checkbox"/> Mail to: _____	\$500 (administrative fee) + \$100 x _____ page(s)
<input type="checkbox"/>	Request for photocopy upon previous Annual Return Form(s) <i>Please specify the enquiry period and means of reply in below:</i> Period: _____ Return by: <input type="checkbox"/> Email to: _____ <input type="checkbox"/> Mail to: _____	\$500 (administrative fee) + \$100 x _____ page(s)

Payment Methods

Total Amount: HK\$ _____

- By cash in person (*please do not enclose cash notes for mail application*)
- By cheque (make payable to "The Hong Kong College of Orthopaedic Surgeons")
- By direct credit to HKCOS bank account :
Beneficiary Bank: The Hongkong and Shanghai Banking Corporation Limited
Name of Beneficiary: The Hong Kong College of Orthopaedic Surgeons
Account Number: 082-140179-001
(Please send a copy of deposit receipt with the Request Form to the College Secretariat)
- Official receipt is requested

Signature: _____

Date: _____