



THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS
香港骨科醫學院

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. : _____

Status : Higher Trainee / Basic Trainee (please delete as appropriate)

Items	Cost (HK\$)
<input type="checkbox"/> Training Log Book Part A Collection method: <input type="checkbox"/> in person (please notify time: _____) <input type="checkbox"/> by mail (plus postage charges, please fill in Part B)	\$500
Part B <input type="checkbox"/> Mail delivery service for Training Log Book (please specific address below)	\$100

<input type="checkbox"/> Copy of HOT Assessment Form/Documents Please specific training period, page number and attached training centre: _____	\$500 (minimum handling fee) + \$100 x _____ page(s)
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Payment Methods

Total Amount: HK\$ _____

- By cash (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)
- Please send me a receipt

Signature: _____

Date: _____