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Registration No.:

Date Received:



THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS

EDUCATIONAL DAY IN KNEE – DAY ONE

Date: 28 December 2019 (Saturday)
Time: 10:30 am – 1:00 pm
Venue: Lecture Theatre, G/F, Block M, Queen Elizabeth Hospital

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/ University: _____ Department: _____

HKCOS Category: HKCOS Fellow HKCOS Trainee
 HKCOS Orthopaedic Student Group Member

Mailing Address: _____

Contact Telephone: _____ Facsimile: _____

Contact Email: _____

Car Plate No.: _____ *(Limited free parking is available on first-come-first-served reservation basis)*

Signature: _____ Date: _____

Please return the completed form with payment to:

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