

For official use only

Registration No.:

Date Received:



## SPORTS IN ORTHOPAEDICS: FROM REHABILITATION TO PARTICIPATION

Conjoint Commissioned Training by  
Rehabilitation Subspecialty Board, HKCOS and  
Institute of Health Care, Hospital Authority



Date : 6 and 7 February 2010  
Venue : Shaw Theatre, Post-graduate Education Centre, Prince of Wales Hospital

### REGISTRATION FORM

( Please put a "✓" in appropriate box and fill it in block capitals )

Title:  Prof.  Dr.  Mr.  Ms.

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Chinese Name: \_\_\_\_\_ Position: \_\_\_\_\_

Institution: \_\_\_\_\_ Department: \_\_\_\_\_

Specialty:  Orthopaedics  Physiotherapist  Occupational Therapist  
 Nurse  Others: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### REGISTRATION Registration fee: HK\$500.-

This registration form can be downloaded from College Website. Registration will be made on a first-come-first-served basis. Please register early.

#### DEADLINE FOR REGISTRATION 20<sup>th</sup> January 2010

#### PAYMENT

A cheque or bank draft No. \_\_\_\_\_ in HK\$500.- 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:

Symposium Secretariat  
The Hong Kong College of Orthopaedic Surgeons  
Room 905, 9/F, Hong Kong Academy of Medicine Jockey Club Building  
99 Wong Chuk Hang Road  
Aberdeen, Hong Kong  
Tel: (852) 2871 8722 Fax: (852) 2873 4077 E-mail: [hkcoss@hkcoss.org.hk](mailto:hkcoss@hkcoss.org.hk) Website: [www.hkcoss.org.hk](http://www.hkcoss.org.hk)