

For official use only

Registration No.:

Date Received:



THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS SPECIALTY DAY IN SPORTS MEDICINE

Date: 13 – 14 November 2014 (Thursday and Friday)

Venue: Hong Kong Sports Institute, 25 Yuen Wo Road, Shatin, New Territories, Hong Kong

REGISTRATION FORM

(Please put a "✓" in appropriate box and fill it in BLOCK LETTERS)

Title: Prof. Dr. Mr. Ms.

Surname: _____ Given Name: _____

Chinese Name: _____ Position: _____

Hospital / Practice: _____ Department: _____

HKCOS Category: HKCOS Fellow HKCOS Trainee Others: _____

Mailing Address: _____

Contact Telephone: _____ Facsimile: _____

Contact Email: _____

REGISTRATION FEE

Registration		HKCOS Fellows	HKCOS Trainees
Standard	Full Registration (2 Days)	<input type="checkbox"/> HK\$1200	<input type="checkbox"/> HK\$600
	Registration (1 Day on _____)	<input type="checkbox"/> HK\$600	<input type="checkbox"/> HK\$300
Late or On-site	Full Registration (2 Days)	<input type="checkbox"/> HK\$1400	<input type="checkbox"/> HK\$700
	Registration (1 Day on _____)	<input type="checkbox"/> HK\$800	<input type="checkbox"/> HK\$400

Application Deadline: **30 October 2014.**

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
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 Website: www.hkcoss.org.hk