



For official use only

Registration No.:

Date Received:

THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS SPECIALTY DAY IN PAEDIATRIC ORTHOPAEDICS

Date: 26 September 2015 (Saturday)

Venue: Lecture Hall, 3/F, Li Ka Shing Physiotherapy Building, The Duchess of Kent Children's Hospital

REGISTRATION FORM

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

Title:	<input type="checkbox"/> Prof.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.
Surname:	_____		Given Name:	_____
Chinese Name:	_____		Position:	_____
Hospital / Practice:	_____		Department:	_____
HKCOS Category:	<input type="checkbox"/> HKCOS Fellow	<input type="checkbox"/> HKCOS Trainee	<input type="checkbox"/> Others:	_____
Mailing Address:	_____ _____ _____			
Contact Telephone:	_____		Facsimile:	_____
Contact Email:	_____			
Car Plate No.:	_____ (Limited free parking is available on first-come-first-served reservation basis)			

REGISTRATION FEE

HKCOS Trainees: HK\$300 and HKCOS Fellows: HK\$600.

Late registration or on-site registration fee would be HK\$ 400 for Trainees and HK\$800 for Fellows.

Application Deadline: **11 September 2015.**

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