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Registration No.:

Date Received:



# THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS

## SPECIALTY DAY IN ADULT JOINT RECONSTRUCTION – KNEE MODULE

Date: 5 December 2015 (Saturday)

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

HKCOS Category:  HKCOS Fellow       HKCOS Trainee       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 fee or on-site registration fee will be applied after 20 November 2015. Trainees: HK\$400 and Fellows: HK\$800.

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

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