

For official use only

Registration No.:

Date Received:



THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS SPECIALTY DAY IN TUMOUR

Date: 9 April 2016 (Saturday)

Venue: Lecture Room, 3/F, Block F, 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 24 March 2016. 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

Tel: (852) 2871 8722 Fax: (852) 2873 4077 E-mail: hkcoss@hkcoss.org.hk Website: www.hkcoss.org.hk