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Registration No.:

Date Received:



THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS SPECIALTY DAY IN CLINICAL RESEARCH – THEORY INTO PRACTICE

Date: 16 September 2017 (Saturday)

Venue: Seminar Room, 9/F, Main Clinical Block and Trauma Centre, Prince of Wales Hospital, Shatin, N.T., Hong Kong

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"/> Mrs.	<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.:	_____ <i>(Limited free parking is available on first-come-first-served reservation basis)</i>				

REGISTRATION FEE

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

Late registration fee or on-site registration fee will be applied after 7 September 2017. 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
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