For official use only Registration No.: Date Received:



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

Date: 13 January 2018 (Saturday)

Venue: Orthopaedic Learning Centre, 1/F, Li Ka Shing Specialist Clinics, North Wing, Prince of Wales Hospital,

Shatin, N. I., Hong K	ong				
	RE	GISTF	RATION	FORM	
(Please put a "✓" i	n appropriate	box and fill it	in BLOCK LETTERS	;)	
Title:	☐ Prof.	Dr.	☐ Mr.	☐ Mrs.	☐ Ms.
Surname:			Given Nam	ne:	
Chinese Name:			Position:		
Hospital / Practice:			Departmen	nt:	
HKCOS Category:	☐ HKCOS F	Fellow [HKCOS Trainee	Others:	
Mailing Address:					
Contact Telephone:			Facsimile:		
Contact Email:					
Car Plate No.:		(Lim	nited free parking is avai	ilable on first-come-fi	irst-served reservation basis)
REGISTRATION F	EE				
HKCOS Trainees: H	K\$300 and H	KCOS Fellows:	: HK\$600.		
Late registration fer Fellows: HK\$800.	e or on-site re	egistration fee	will be applied afte	er 2 January 2018	3. Trainees: HK\$400 and
Registration will be m	nade on a first-	come-first-serv	ed basis and NO refu	nd will be made af	ter registration.
PAYMENT					
A cheque or bank				HK\$	made payable to
"THE HONG KONG	COLLEGE OF	FORTHOPALD	DIC SURGEONS " is e	∍nclosed.	
I hereby agree with	the terms & c	onditions abo	ve.		
Signature:			Date:		
Please return the co	ompleted form	n with payment	t to:		
Secretariat	ege of Orthona	edic Surgeons			

тие попу копу 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: hkcos@hkcos.org.hk Website: www.hkcos.org.hk