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Registration No.:

Date Received:



# THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS SPECIALTY DAY IN HAND AND UPPER LIMB SURGERY

Date: 22 September 2018 (Saturday)

Venue: Room 2, G/F, Block M, Queen Elizabeth Hospital, 30 Gascoigne Road, Kowloon, Hong Kong

## 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 14 September 2018. 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](mailto:hkcoss@hkcoss.org.hk) Website: [www.hkcoss.org.hk](http://www.hkcoss.org.hk)