



The Hong Kong College of Orthopaedic Surgeons Rehabilitation Subspecialty Board
The 12th Rehabilitation Symposium cum The 5th Sir Harry Fang Oration

REHABILITATION OF ARTHRITIS

Date : 22 and 23 October 2016
Venue : Auditorium, Level One,
Main Clinical Block and Trauma Centre (New Block),
Prince of Wales Hospital, 30-32 Ngan Shing Street,
Shatin, N.T., Hong Kong

For official use only

Registration No.:

Date Received:

REGISTRATION FORM

(Please put a "✓" in appropriate box and fill it in block capitals)

Title: ☐ Prof. ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms.

Surname: _____ Given Name: _____

Chinese Name: _____ Position: _____

Institution: _____ Department: _____

Specialty: ☐ Orthopaedics ☐ Physiotherapist ☐ Occupational Therapist
☐ Nurse ☐ Others: _____

Mailing Address: _____

Telephone: _____ Facsimile: _____

E-mail: _____

REGISTRATION Registration fee: HK\$600.-

Registration fee: HK\$600 (Early Bird registration on or before **21 September 2016**)

: HK\$750 (Late & Walk-in registration after **21 September 2016**)

(Registration will be made on a first-come-first-served basis. Written requests must be sent to the below Symposium Secretariat address on or before 21 September 2016 for cancellation and registration fee refund. An administrative fee of HK\$100 per registration will be charged. **NO REFUND REQUEST WILL BE ENTERTAINED AFTER 21 SEPTEMBER 2016.** Only written requests will be accepted. All approved refunds would be issued 30 days after the event.)

PAYMENT

☐ A cheque or bank draft No. _____ in HK\$600.- 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:
Symposium Secretariat, The Hong Kong College of Orthopaedic Surgeons
Room 905, 9/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong
Tel: (852) 2871 8722 Fax: (852) 2873 4077 Website: <http://www.hkcos.org.hk>