

THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS

Registration Form of Student Members under Orthopaedic Student Group Committee

Part 1 Info

Name ^{Note 1} _____

Mobile Phone No. _____ Gender _____

Email _____

Part 2 Info

University Name _____

Student ID No. ^{Note 2} _____

Study Programme _____

Current Study Year _____

Expected Date of
Graduation ^{Note 3} _____

Declaration

I am interested to register as a student member under Orthopaedic Student Group Committee of The Hong Kong College of Orthopaedic Surgeons.

I declare that all the above information is true and correct.

Student Signature _____ Date _____

Note

1. Please underline Surname. The name printed should be the same as HKID card / passport.
2. Please provide copy of Student ID card for our record and verification purpose.
3. Registration will be removed after the date of graduation without notification.

Return Methods:

Please return the Registration Form and a copy of Student ID card to HKCOS Secretariat via email: hkcoss@hkcoss.org.hk; Fax: (852) 2873 4077 or send to Secretariat, c/o Orthopaedic Student Group Committee, 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. For enquiry, please call ☎ (852) 2871 8722.