

# THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS

## Registration Form of Student Members under Orthopaedic Student Group Committee

### Part 1 Info

Name <sup>Note 1</sup> \_\_\_\_\_

Mobile Phone No. \_\_\_\_\_ Gender \_\_\_\_\_

Email \_\_\_\_\_

### Part 2 Info

University Name \_\_\_\_\_

Student ID No. <sup>Note 2</sup> \_\_\_\_\_

Study Programme \_\_\_\_\_

Current Study Year \_\_\_\_\_

Completion Date of  
Study & Internship <sup>Note 3</sup> \_\_\_\_\_ (Study) \_\_\_\_\_ (Internship)

### 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 study or period of internship (subject to the latter date) 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](mailto: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.