

## THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS

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## **REQUEST FORM**

То	:	Secretariat The Hong Kong College of Orthopaedic Surgeons Room 905, 9th Floor Hong Kong Academy of Medicine Jockey Club Building Aberdeen, Hong Kong	Office use only	
			Date rec'd:	
			Cheque no.:	
Tel Fax	:	(852) 2871 8722 (852) 2873 4077	Sent date:	
Nan	Jame : Contact no. :			
Status : <u>Higher Trainee / Basic Trainee</u> (please delete as appropriate)				
		Items		Cost (HK\$)
	Training Log Book			\$500
art A	Collection method:  in person (please notify time:)			
	□ by mail (plus postage charges, please fill in Part B)			
Part B				\$100
	Co	opy of HOT Assessment Form/Documents		\$500
	Plo	ease specific training period, page number and attached training cent	re:	(minimum handling fee) + \$100 xpage(s)
Payı	men	nt Methods		
Tota	ıl A	mount: HK\$		
	By cheque (make payable to "The Hong Kong College of Orthopaedic Surgeons")  By direct credit to HKCOS bank account:  Beneficiary Bank: The Hongkong and Shanghai Banking Corporation Limited  Name of Beneficiary: The Hong Kong College of Orthopaedic Surgeons  Account Number: 082-140179-001  (Please send a copy of deposit receipt with the Request Form to the College Secretariat)			
Signature: Da			e:	