

Signature:

The Hong Kong College of Orthopaedic Surgeons Rehabilitation Subspecialty Board The 13th Rehabilitation Symposium cum The 5th Sir Harry Fang Oration

DISORDERS OF TENDONS AND LIGAMENTS

Date : 21-22 October 2017 Venue : Lecture Theatre, 7/F,

> Block H, Princess Margaret Hospital, 2-10 Princess Margaret Hospital Road, Lai Chi Kok, Kowloon, Hong Kong

For official use only Registration No.: Date Received:

	R E	EGIST	RAT	ION I	FORI	VI		
(Please put a "v	″ in appropriate bo	ox and fill it in	block capita	ls)				
Title:	☐ Prof.	☐ Dr.		☐ Mr.	☐ Mr	S.	☐ Ms.	
Surname:				Given Name:	:			
Chinese Name:				Position:				
Institution:				Department:				
Specialty:	☐ Orthopaedic	es	☐ Physiot	herapist	☐ Occ	upationa	l Therapist	
	Nurse		Others:					
Mailing Address	:							
Telephone:				Facsimile:				
E-mail:								
REGISTRATIO	N Registration	fee: HK\$600)					
Registration fe	e: HK\$600 (Early	Bird registration	on on or bef	ore 8 October	2017)			
	: HK\$750 (Late &	Walk-in regi	stration after	8 October 20	17)			
Secretariat addi HK\$100 per reg Only written red	Il be made on a tress on or before histration will be chade to bad weather of	8 October 20 arged. NO RI cepted. All a _l	017 for cand E FUND REG pproved ref	cellation and re QUEST WILL E unds would be	egistration i BE ENTER e issued 3	fee refur TAINED 0 days a	nd. An administration of the Arter 8 OCTOE after the event. In	tive fee of BER 2017.
PAYMENT								
•	bank draft No.				HK\$600 m	ade pay	able to	
" THE HONG K	ONG COLLEGE C	F ORTHOPA	EDIC SUR	GEONS " is end	closed.			
I hereby agree v	vith the terms & co	nditions abov	e.					

Date:

Please return the completed form with payment to:
Symposium Secretariat, The Hong Kong College of Orthopaedic Surgeons
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