



THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS INTERNATIONAL SYMPOSIUM ON DISASTER MEDICAL RESPONSE

For official use only

Registration No.:

Date Received:

Date: 2 and 3 December 2006

Venue: Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, HKSAR

REGISTRATION FORM

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

Title: Prof. Dr. Mr. Ms.

Surname: _____ Given Name: _____

Chinese Name: _____ Position: _____

Institution: _____ Department: _____

Specialty: A&E Anaesthesia Medicine
 Orthopaedics Surgery Nurse
 Police Force Fire Service Others: _____

Mailing Address: _____

Telephone: _____ Facsimile: _____

E-mail: _____

REGISTRATION FEE

Registration fee: HK\$1,000 (for all delegates). The fee includes a copy of Advanced Disaster Medical Response Manual for Providers (by Dr. Susan Briggs, RRP US\$40), programme book, coffee break and lunch on 3 December 2006.

This registration form can be downloaded from our College Website. Registration will be made on a first-come-first-served basis. Please register early.

PAYMENT

A cheque or bank draft No. _____ in HK\$ _____ 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, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road
Aberdeen, Hong Kong
Tel: (852) 2871 8722 Fax: (852) 2873 4077 E-mail: hkcoss@hkcoss.org.hk Website: www.hkcoss.org.hk