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Registration No.:

Date Received:



OCCUPATIONAL REHABILITATION IN THE ORTHOPAEDIC PERSPECTIVE: PREVENTION OF CHRONICITY

Conjoint Commissioned Training by
Rehabilitation Subspecialty Board, HKCOS and
Institute of Health Care, Hospital Authority



Date : 6 and 7 October 2007
Venue : Lim Por Yen Lecture Theatre, 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: Orthopaedics Physiotherapist Occupational Therapist
 Nurse Others: _____

Mailing Address: _____

Telephone: _____ Facsimile: _____

E-mail: _____

REGISTRATION Registration fee: HK\$400.-

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

DEADLINE FOR REGISTRATION 7 September 2007

PAYMENT

A cheque or bank draft No. _____ in HK\$400.- 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
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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