



REGISTRATION FORM



Didactic Seminars

“Common hand diseases in primary care setting”

Conjoint program by
Hong Kong Doctors Union and Hong Kong Society for Surgery of the Hand

Name: Professor / Doctor / Mr / Ms _____
(Surname first) (In Block Letters Please)

Profession: Doctor Prosthetist & Orthotist Nurse
 Physiotherapist Occupational Therapist Others _____

Position: _____ Institution: _____

Correspondence address: _____

Telephone No. : _____

Fax: _____ E-mail Address: _____

Registration Please () :

Event	\$200	Car plate no.
13 th Dec 2009 PMH		
20 th Dec 2009 PYNEH		

Total HK\$ _____

Cheque No. _____ Bank Name _____

Date : _____ Signature : _____

Cheque should be made payable to “HONG KONG SOCIETY FOR SURGERY OF THE HAND”

Please return all registration forms to Congress Secretariat:

Dr. Tse Wing Lim

General Office of Department of Orthopaedics and Traumatology, Prince of Wales Hospital, Shatin, HKSAR, China

Tel : (852) 97750394

Fax : (852) 26377889

E-mail : tse@ort.cuhk.edu.hk