

REGISTRATION FORM

 <div style="display: inline-block; vertical-align: middle; text-align: center;"> <h2 style="margin: 0;">Hong Kong Society for Surgery of the Hand</h2> <h3 style="margin: 0;">25TH HKSSH Annual Congress</h3> <h3 style="margin: 0;">Arthroplasty of Hand, Wrist and Elbow</h3> </div>

Date: 17-18th March, 2012 (Saturday to Sunday)

Venue: Lecture Theatre, 7/F, Block H, Princess Margaret Hospital, Hong Kong SAR

Name: Professor /Doctor/ Mr/ Ms

(Surname first) (In Block Letters)

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

Position: _____ Institution: _____

Correspondence address: _____

_____ Telephone No.: _____

Fax: _____ Email Address: _____

Please tick as appropriate

25 th HKSSH Annual Congress 17-18 th March 2012	Doctor	Nurse/ Therapist	Non-HKSSH Member	Overseas
	HKSSH Full/ Life Member	HKSSH Associate/ Life Associate/ HKSHT Member		
Early bird 31 st Dec 2011	<input type="checkbox"/> HKD\$750	<input type="checkbox"/> HKD\$500	<input type="checkbox"/> HKD\$900	<input type="checkbox"/> USD\$200
Late Registration	<input type="checkbox"/> HKD\$850		<input type="checkbox"/> HKD\$1000	<input type="checkbox"/> USD\$250
Banquet for Participant	<input type="checkbox"/> HKD\$100		<input type="checkbox"/> HKD\$300	Included
Banquet for Spouse				<input type="checkbox"/> USD\$50

❖ Please use individual registration forms for registration to Nurse Symposium

Cheque No.: _____ Bank Name: _____

Name of Cheque Sender: _____ Signature: _____

Contact Telephone No.: _____ Date: _____

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

Please return all registration forms and cheques to Congress Secretariat:

Dr Wong Hin-Keung

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Room 106, Block J, Princess Margaret Hospital

2-10 Princess Margaret Hospital Road, NT, HKSAR

E-mail: hkwonghk@yahoo.com

Website: www.hkssh.org

Deadline for Early Registration: 31 st Dec 2011
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