



Hong Kong Society for Surgery of the Hand

REGISTRATION FORM

Certificate courses in Hand and Upper limb Surgery (Module 3)

Tendon, Nerve and Vascular Disorders

Date: 28th May 2016 (Saturday)

Time: 10:15am to 1:00 pm (Follows the Saturday Interhospital Meeting)

Venue: Lecture Hall, Ground Floor, Block M, Queen Elizabeth Hospital, Hong Kong SAR.

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 : _____

Please tick as appropriate

	HKSSH members	Non-HKSSH members
Early bird Registration (before 16 th May 2016)	HK\$ 200 ___	HK\$ 300 ___
On-site registration or late registration	HK \$400 ___	HK \$400 ___

Cheque No. : _____

Bank Name : _____

Name of Cheque Sender : _____

Signature : _____

Contact Telephone No : _____

Date : _____

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

Please return all registration forms and cheques to:
Miss Gloria Chan, Secretariat of HKSSH
Room 74034, 5/F, LCW Clinical Sciences Building,
Prince of Wales Hospital, Shatin, New Territories, Hong Kong

E-mail: hkssh2016@outlook.com

Website: www.hkssh.org

Deadline for Early Registration: 16th May 2016