



Hong Kong Society for Surgery of the Hand

REGISTRATION FORM

Certificate courses in Hand and Upper limb Surgery (Module 1)

Neoplasia, Congenital and developmental problems, infection

Date: 27th June 2015 (Saturday)

Time: 10:15am to 1:00 pm (Follows the Saturday interhospital meeting on CPC-upper limb neoplastic conditions at QEH)

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 30 th April 2015)	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 : _____

Please return all registration forms and cheque should be made payable to
"HONG KONG SOCIETY FOR SURGERY OF THE HAND"
to the Society Secretariat:

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Deadline for Early Registration: 31st May 2015