



# The Hong Kong Society for Surgery of the Hand

## Certificate Courses in Hand and Upper Limb Surgery (Module 1) – *Neoplasia, Congenital and Developmental Problems, Infections*

### REGISTRATION FORM

**Date** : 6 July 2019 (Saturday)  
**Time** : 10:15am – 1:00pm  
**Venue** : Room 615, Block G, Princess Margaret Hospital

(Please put a “✓” in appropriate box and fill it in BLOCK CAPITALS)

**Title** :  Prof.       Dr.       Mr.       Ms.

**Surname** : \_\_\_\_\_ **Given Name** : \_\_\_\_\_

**Profession** :  Doctor       Nurse       Prosthetist & Orthotist  
 Physiotherapist       Occupational Therapist       Others \_\_\_\_\_

**Position** : \_\_\_\_\_ **Institution** : \_\_\_\_\_

**Correspondence Address** : \_\_\_\_\_

\_\_\_\_\_ **Telephone No.** : \_\_\_\_\_

**Facsimile** : \_\_\_\_\_ **E-mail** : \_\_\_\_\_

Please tick ✓ as appropriate:

	HKSSH Member	Non-HKSSH members
<b>Certificate Course Registration Fee</b>	<input type="checkbox"/> HK\$200	<input type="checkbox"/> HK\$300

### Payment

Please make cheque payable to “THE HONG KONG SOCIETY FOR SURGERY OF THE HAND”

**Cheque No.** : \_\_\_\_\_ **Bank Name** : \_\_\_\_\_

**Name of cheque Sender** : \_\_\_\_\_ **Signature** : \_\_\_\_\_

**Contact Telephone No.** : \_\_\_\_\_ **Date** : \_\_\_\_\_

**Note: No Cancellation or Refund after registration.**

**Please return completed registration form with payment to :-**

Ms. Gloria Chan, HKSSH Secretariat,  
 c/o Rm 74034 5/F., LCW Clinical Sciences Building, Prince of Wales Hospital, Shatin, N.T., Hong Kong  
 E-mail: [hksshsecretariat@gmail.com](mailto:hksshsecretariat@gmail.com)      Website: [www.hkssh.org](http://www.hkssh.org)