



The Hong Kong Society for Surgery of the Hand

Certificate Courses in Hand and Upper Limb Surgery (Module 2) – *Microsurgery and Microvascular Reconstruction*

REGISTRATION FORM

Date : 5 September 2020 (Saturday)

Time : 10:30am – 12:30pm

Venue : (Zoom Meeting)

(Please put a “✓” in the 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. : _____

E-mail : _____

Registration Deadline: 31 August 2020

Zoom Meeting information will be sent to the successful registration applicant by E-mail.

Please return the completed registration form to :-

Miss Gloria Chan, HKSSH Secretariat,

By Mail : Rm 74034 5/F., LCW Clinical Sciences Building, Prince of Wales Hospital, Shatin, N.T., Hong Kong

By Fax : 2637 7889

By E-mail: hksshsecretariat@gmail.com

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