



The Hong Kong Society for Surgery of the Hand

Certificate Courses in Hand and Upper Limb Surgery (Module 4) – *Arthritis of Hand and Upper Extremity*

REGISTRATION FORM

Date : 23rd October, 2021 (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: 18th October, 2021

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

For enquiry: E-mail: hksshsecretariat@gmail.com

Tel: (852) 3505 2010

Website: www.hkssh.org