

REGISTRATION FORM

Basic Flap Surgery - From principles to rehabilitation (with surgical demonstration on specimen)

AADO / HKSSH conjoint scientific meeting 2006

(Activity of the 2006 HKSSH Congress)

19 March 2006

Orthopaedic Learning Centre

PWH, Hong Kong SAR

Name: Mr / Ms _____
(Surname first) (In Block Letters Please)

Profession: o Nurse o Doctor o Physiotherapist o Occupational
Therapist
 o Others _____

Position: _____ Institution: _____

Lecture Member \$300 o Non-member \$500 o

Workshop Member \$200 o Non-member \$500 o

Total: _____

(Lunch included for applicant registered for both lecture and workshop)

Registration for workshop only is not applicable
Please use separate cheque for lecture and workshop

Member: o AADO o HKSSH Non-member: o

Correspondence address: _____

_____ Telephone No.: _____

Fax: _____ E-mail: _____

Cheque No. _____ Bank Name _____

Date: _____ Signature: _____

Registration Deadline : 25 February 2006

Cheque should be made payable to “HONG KONG SOCIETY FOR SURGERY OF THE
HAND”. ***Registration fees are not transferable and refundable***

Please return all registration forms to course Secretariat:
Ms Maggie Kwok, Room 503, Austin Tower, 22 Austin Avenue, TST, Kowloon
Tel: (852) 2735 8118 Fax: (852) 2735 8282 E-mail: handsurgery@mvdmc.com

Enquiry: Ms Elsa Chung Tel: 2417 8556