

**Symposium on Rehabilitation Technology
Interdisciplinary Approach from Theory to Practice**

(cum 7th Orthopaedic Rehabilitation Symposium, The Hong Kong College of Orthopaedic Surgeons)

15 – 16 January 2011 HONG KONG

REGISTRATION FORM

For Official Use Only

Receive Date: _____

Reference no.: *RT01* _____

Personal Particulars:

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

Title : Prof. Dr. Mr. Ms.

Surname : _____ Given name : _____

Department : _____

Institution : _____

Mailing Address : _____

Country : _____ E-mail : _____

Telephone : _____ Facsimile : _____

Registration Fee (please indicate your registration category)

Local & Mainland HK\$300

Overseas US\$100

Bank Draft/Cheque no.*: _____ (Name of Bank: _____)
payable to "*The Chinese University of Hong Kong*".

Cancellation Policy

All cancellations must be notified in writing to the Symposium Secretariat and received by 17 December, 2010. All refunds will be paid after Symposium. There will be no refund after 17 December, 2010.

I hereby agree with the terms & condition above.

Signature

Date

Please return the Completed Form with Payment to:

Symposium Secretariat

Symposium on Rehabilitation Technology

Department of Orthopaedics & Traumatology

Faculty of Medicine, The Chinese University of Hong Kong

5th Floor, Clinical Sciences Building, Prince of Wales Hospital, Shatin, N.T,

Hong Kong

E-mail: gloriachan@cuhk.edu.hk

Telephone: (852) 2632 6553

Fax: (852) 2637 7889