

# Prosthetics & Orthotics Scientific Meeting 2010

~ **Management of Children with Cerebral Palsy - Recent Advance** ~

30<sup>th</sup> October 2010, Saturday      Eaton Hotel Hong Kong, 380 Nathan Road, Kowloon

## REGISTRATION FORM

Title (Please tick ✓):       Prof.       Dr.       Mr.       Ms.

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

Institution: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Registration Fee (including Buffet Dinner)

| Categories<br>(Please tick ✓)   | On or Before<br>12 <sup>th</sup> Oct. 2010 | After<br>12 <sup>th</sup> Oct. 2010 |
|---|--|-------------------------------------|
| <input type="checkbox"/> Member :-<br><input type="checkbox"/> HKSCPO <input type="checkbox"/> ISPO(HKNS) | \$300                                      | \$350                               |
| <input type="checkbox"/> Non-member   | \$450                                      | \$500                               |
| <input type="checkbox"/> Group registration (8 persons or above)  | \$350                                      |                                     |
| <input type="checkbox"/> Student / Graduate P&O   | \$150                                      | \$200                               |

### Payment - Cheque payable to **Hong Kong Society of Certified Prosthetist-Orthotists**

(Please be reminded to write down your name on the back of the Cheque)

Cheque No.: \_\_\_\_\_ Bank: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed form by mail with a cheque to:

Mr. Alex Tong

Prosthetic & Orthotic Department, 12/F, MSC, Yan Chai Hospital, Tsuen Wan, N.T.