

Registration Form

(For Non-HA Participant)

Theme: Orthotic Management of Diabetic Foot Ulcer

Date: December 8, 2005 (Thursday)

Time: 09:30-17:00

Venue: Seminar room 3, Lower Ground Floor 1, Ruttonjee Hospital, 266, Queen's Road East, Wan Chai, Hong Kong Island.

Details of participants:

Surname: _____ Given name: _____

Institution: _____

Department: _____ Position: _____

Correspondence Address: _____

Phone No.: _____ Fax No.: _____

E-mail _____

Address: _____

Cheque No.: _____ Bank: _____

Signature: _____ Date: _____

Please return the completed form with the cheque of HKD 400.-- making payable to 'Hospital Authority' for each registration fee payment to Mr. Sin Sai-wing, Prosthetics-Orthotics Department, Prince of Wales Hospital, 30-32 Ngan Shing Street, Shatin, N.T.

Successful registration will be acknowledged by November 23, 2005

Program enquiry: Mr. Sin Sai-wing at 2632-2210, P&O Dept., PWH.

No car park space reservation. 5 CEC (HKSCPO)