

REGISTRATION FORM

19th HKSSH Annual Congress

25 & 26 Mar, 2006

Cheung Kong Hai Conference Centre, Faculty of Medicine Building,
21 Sassoon Road, Pokfulam, Hong Kong SAR

“ Common Wrist Problems ”

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

Profession : Doctor Prosthetist & Orthotist Nurse
 Physiotherapist Occupational Therapist Others _____

Position : _____ Institution : _____

Correspondence address : _____

_____ Telephone No. : _____

Fax : _____ E-mail Address : _____

Registration Please () :

Event		Member	Non-member	Overseas participants
19th Congress 25-26 Mar, 2006	Registration On or Before 10 Feb, 2006	HK\$ 600__	HK\$ 800__	US\$ 200
	Registration After 10 Feb, 2006	HK\$ 700__	HK\$ 900__	US\$ 250
	Undergraduate Student	Not applicable	HK\$ 150__	Not applicable
	Banquet for Participant	HK\$ 100__	HK\$ 200__	Included
	Banquet for Spouse	HK\$ 100__	HK\$ 300__	US\$ 50
Therapist Workshop	Date: 27 Mar, 2006	HK\$ 100__	HK\$ 150__	US\$ 50

Total HK\$ _____

Cheque No. _____ Bank Name _____

Date : _____ Signature : _____

Cheque should be made payable to “**HONG KONG SOCIETY FOR SURGERY OF THE HAND**”

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