

Musculoskeletal Ultrasound imaging in Rehabilitation Workshop

7 Nov 2015

REGISTRATION FORM

Personal Particulars:

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

Title : Prof. Dr. Mr. Ms.

Last Name : _____ First Name : _____

Professional : Medical Practitioner (Specialty:) _____ Registered Nurse
 Physiotherapist Occupational Therapist Others, pls specify: _____

Department : _____ Institution : _____

Mailing Address : _____

E-mail : _____ Telephone : _____

Registration Fee: HK\$800

Payment:

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

- Applicant has to complete the form with accurate and effective information for the registration. The registration will be completed only when the cheque is credited. Succeed application will be notified by email.
- Any Cancellation of registration must be done on/before 4-November-2015 (Wed), by sending an email to us with the name and reference no. quoted. Late cancellation will not be refunded.

I hereby agree with the terms & condition above.

Signature

Date

Please return the Completed Form with Payment to:

Department of Orthopaedics & Traumatology
Faculty of Medicine, The Chinese University of Hong Kong
5th Floor, Lui Che Woo Clinical Sciences Building
Prince of Wales Hospital, Shatin, N.T,
Hong Kong
(Attn: Mr. Joe Ng)

E-mail: joencc@ort.cuhk.edu.hk
Telephone: (852) 2637 8472 Fax: (852) 2637 7889

For Official Use Only

Receive Date: _____

Reference no.: MSKUS15 _____