



Hong Kong Society for Hand Therapy

10th Anniversary Symposium I (2-3 March 2018)

10th Anniversary Symposium II (7 March 2018)

Name: #Professor/Doctor/Mr./Ms. _____ Member* (Membership No.: _____)

(# Delete those inappropriate)

(Surname First) (In Block Letters Please)

Non-Member*

Profession*: Doctor

Occupational Therapist

Nurse

Physiotherapist

Student

Others _____

Position: _____

Institution: _____

Correspondence Address: _____

E-mail Address: _____ Telephone No.: _____
 Fax No.: _____

	Symposium I 2-3 March	Symposium II 7 March	3 Days Pass (2-3 & 7 March)	One Day Registration
Early-bird registration before 9 February 2018				
Member	<input type="checkbox"/> HK \$1100	<input type="checkbox"/> HK \$600	<input type="checkbox"/> HK \$1500	<input type="checkbox"/> 2 March HK \$600 <input type="checkbox"/> 3 March HK \$600
Non-member	<input type="checkbox"/> HK \$1500	<input type="checkbox"/> HK \$800	<input type="checkbox"/> HK \$ 2000	<input type="checkbox"/> 2 March HK \$800 <input type="checkbox"/> 3 March HK \$800
Overseas	<input type="checkbox"/> US \$200	<input type="checkbox"/> US \$110	<input type="checkbox"/> US \$260	<input type="checkbox"/> 2 March US \$110 <input type="checkbox"/> 3 March US \$110
Student	<input type="checkbox"/> HK \$400	<input type="checkbox"/> HK \$250	<input type="checkbox"/> HK \$600	<input type="checkbox"/> 2 March HK \$250 <input type="checkbox"/> 3 March HK \$250
Registration after early-bird				
Member	<input type="checkbox"/> HK \$ 1300	<input type="checkbox"/> HK \$800	<input type="checkbox"/> HK \$ 1800	<input type="checkbox"/> 2 March HK \$800 <input type="checkbox"/> 3 March HK \$800
Non-member	<input type="checkbox"/> HK \$ 1700	<input type="checkbox"/> HK \$1000	<input type="checkbox"/> HK \$ 2300	<input type="checkbox"/> 2 March HK \$1000 <input type="checkbox"/> 3 March HK \$1000
Overseas	<input type="checkbox"/> US \$ 220	<input type="checkbox"/> US \$130	<input type="checkbox"/> US \$300	<input type="checkbox"/> 2 March US \$130 <input type="checkbox"/> 3 March US \$130
Student	<input type="checkbox"/> HK \$ 600	<input type="checkbox"/> HK \$400	<input type="checkbox"/> HK \$ 900	<input type="checkbox"/> 2 March HK \$ 400 <input type="checkbox"/> 3 March HK \$ 400
Annual Dinner 3 March 2018	Venue: The Royal Garden <input type="checkbox"/> HK \$ 300 / <input type="checkbox"/> US \$ 40			
Total:	_____			

*Please Add “√” as appropriate)

Cheque No.: _____

Signature: _____

Bank Name: _____

Date: _____

Cheque should be made payable to **"The Hong Kong Society for Hand Therapy Limited"**

Please return the registration form with attached cheque to:

Ms Vienna Chu, Occupational Therapy Department, 1/F, Block P, Queen Elizabeth Hospital, 30 Gascoigne Road, Kowloon

Tel: (852) 3506 2618 Fax: (852) 3506 6719 E-mail: cwh290@ha.org.hk

For student applicants, please attach a copy of your student ID card together with the registration form for verification.