



HKU Med School of Clinical Medicine
Department of Orthopaedics
& Traumatology
香港大學矯形及創傷外科學系

36th HKSSH Post-Congress Workshop

CADAVERIC WORKSHOP ON HAND & WRIST

ARTHROSCOPY AND RECONSTRUCTION

REGISTRATION FORM

Date: 24th March, 2024

Time: 1:30-5:30 pm

Venue: Surgical Skills Center (10/F), Laboratory Block, Faculty of Medicine, HKU, 21 Sassoon Road, Pokfulam, HK

Applicant's Information (In Block Letter) (please ✓ as appropriate)

Title : Professor Doctor Mr Ms

Name : _____
(Surname first)

Professional : Trainees Specialists Others: _____

Institute : _____

Correspondence Address : _____

Email : _____

Fax : _____ Contact no : _____

Registration Fee (please ✓ as appropriate)

| Category / Rate | Trainees | Specialists | Overseas participants |
|----------------------------|-----------------------------------|-----------------------------------|---|
| Early bird Feb 23, 2024 | <input type="checkbox"/> HK\$4000 | <input type="checkbox"/> HK\$4800 | <input type="checkbox"/> USD 620 |
| Regular Registration | <input type="checkbox"/> HK\$5000 | <input type="checkbox"/> HK\$6000 | Bank transfer only. Please email our secretary for details. |

Payment should be made through FPS or send a cheque:

| | |
|---|---|
| FPS ID: 109456509 | Please made the cheque payable to "THE HONG KONG SOCIETY FOR SURGERY OF THE HAND" |
| Remark: Your name + HKSSH Workshop. Screen capture and email us | |
| Cheque No.: _____ | |
| Name of cheque sender: _____ | |
| Bank Name: _____ | |
| Contact No.: _____ | |

Signature: _____ Date: _____

Please return the completed form with payment proof (screen capture after FPS payment or send a cheque) to HKSSH Congress Secretariat:

Miss Pracida Law, HKSSH Congress Secretariat

Rm 29, 6/F, Block J, Alice Ho Miu Ling Nethersole Hospital, Tai Po, Hong Kong SAR

Email: hksshcongress@gmail.com

DEADLINE FOR EARLY BIRD REGISTRATION: Feb 23, 2024