



## Acupuncture and Integrative Medicine Specialty Group

### *Workshop on Acuo-Manual Therapy (AMT) to Knee and Ankle Problems*

- Date / Time:** 5 Nov 2017 (Sunday)  
(Registration 08:45 – 09:00;  
Workshop 09:00 – 17:00)
- Venue:** G/F, Block P,  
Physiotherapy Department  
United Christian Hospital
- Speaker:** Mr. Kenny Yuen  
Master in Acupuncture, HKU  
Master in Manipulative Physiotherapy, HKPolyU  
Post-experience Certificate in Peripheral  
Manipulation, HKPolyU  
Professional Diploma in Physiotherapy, HKPolyU
- Lecture Medium:** Cantonese
- Class Size:** 20
- Course Fee:** HK \$ 1200 for AIMSG members  
HK \$ 1250 for HKPA members  
HK \$ 1750 for Non-HKPA members
- CPD Points:** 7 points (pending)
- Deadline of Application:** 22 Oct 2017
- Enquiry:** Ms. Lam Po (5215 6777)  
Mr. Eric Law (2486 8126)

**Workshop on Acuo-Manual Therapy (AMT)**  
**to Knee and Ankle Problems**

5 Nov 2017 (Sunday)

G/F, Block P, PT Department, United Christian Hospital

**Registration Form**

Name (in Block letters): Dr./Mr./Mrs./Ms. \_\_\_\_\_

Title/Post: \_\_\_\_\_ Department: \_\_\_\_\_

Hospital/Clinic/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

(Clear handwriting please)

**Registration**

	Course fee
HKPA AIMSG Member (Membership no.: _____)	<input type="checkbox"/> HK \$ 1200
HKPA Member (Membership no.: _____)	<input type="checkbox"/> HK \$ 1250
Non-HKPA Member	<input type="checkbox"/> HK \$ 1750

I enclose a cheque in the sum of HK\$ \_\_\_\_\_ as the registration fee.

**Issuing Bank:** \_\_\_\_\_ **Cheque No.:** \_\_\_\_\_

The cheque should be made payable to “**Hong Kong Physiotherapy Association Limited**”  
Please fax or send the completed registration form with the payable cheque on or before  
**22 Oct 2017** to Ms. Lam Po, Physiotherapy Department, United Christian Hospital, G/F,  
Blk P, 130 Hip Wo Street, Kwun Tong, Kowloon. (Please do not staple the cheque)

**Successful applicants will be notified by e-mail / phone on or before 29 Oct 2017**

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**Legal Claim Waiver Consent**

In consideration of HKPA Ltd. accepting my application to the “Workshop on Acuo-Manual Therapy (AMT) to Knee and Ankle Problems”, I hereby agree to waive all my claims (howsoever accrued) against HKPA Ltd.

Signature : \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Date : \_\_\_\_\_

## **Special Weather Arrangement**

When Tropical Cyclone Warning Signal No. 8 (or a higher number) and/or Black Rainstorm Signal is hoisted, the following arrangements will apply:

For classes have not yet started

- If Typhoon Signal No.8 and/or Black Rainstorm Signal is in force 2 hours before the course, the course will be cancelled.

For classes that have already started

- When Typhoon Signal No.8 or above is hoisted - Classes immediately suspend.

Fee paid are not refundable regardless of whether applicants have attended classes or not, unless the enrolled course is full or in exceptional circumstance deemed acceptable by HKPA.