



# HONG KONG PHYSIOTHERAPY ASSOCIATION LIMITED

## 香港物理治療學會有限公司

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## Stroke Rehab Seminar Series

Organized by Neurology Specialty Group, HKPA

### Topics:

1. How to make an effective assessment (Based on Bobath concept)
2. Essential bed mobility and transfer skills

Date & Time	5 January 2018 (Friday) 18:30 – 21:30
Venue	Hong Kong Physiotherapy Association Premises, Room 901, 9/F Rightful Centre, No. 12 Tak Hing Street, Jordan, Kowloon
Speaker	Mr. Manfield Chan, Physiotherapist I, Tuen Mun Hospital
Class Size	30
Course Fee	NSG member: Free of charge HKPA member: \$100 Non-HKPA member: \$500
CPD Points	Pending
Enquiry	Tel. No: 2468 5211 (Ms. Karen Yiu)

**\*\*\* Deadline of Application: 15 December 2017 \*\*\***

#### 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 & examinations 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 & examinations 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.**

# Stroke Rehab Seminar Series

## Application Form

<b>Name:</b>	Dr./Mr./Ms./Mrs.	(English)
		(Chinese)
<b>HKPA member:</b>	<input type="checkbox"/> Yes (membership no. _____ ) <input type="checkbox"/> No	
<b>NSG member:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Workplace:</b>		
<b>Mailing address:</b>		
<b>E-mail address:</b>		
<b>Tel. no.:</b>	(office)	(Mobile)
<b>Cheque no.:</b>	(Issuing bank _____ )	
<b>Registration:</b>	<p>For NSG member, please email the <b>application form</b> to <a href="mailto:yth227@ha.org.hk">yth227@ha.org.hk</a> (Ms. Karen Yiu) on or before <b><u>15 December 2017</u></b>.</p> <p>For non-NSG member, please send (1) <b>application form</b> (2) a <b>crossed cheque</b> and (3) a <b>stamped self-addressed envelope</b> on or before <b><u>15 December 2017</u></b> to the following address:</p> <p style="text-align: center;">Ms. Karen Yiu          Physiotherapy Department          4/F, Rehabilitation Block,          Tuen Mun Hospital            23 Tsing Chung Koon Road, New Territories, Hong Kong</p> <p>The cheque should be made payable to “<b><u>Hong Kong Physiotherapy Association Limited</u></b>” with course name, your name, membership number and contact phone number at the back of the cheque.</p> <p>Please <u>do not</u> staple the cheque.</p>	
<p><u>Legal Claim Waiver Consent</u> (Please sign it before submitting your application)</p> <p>In consideration of HKPA Ltd. accepting my application to this course, I hereby agree to waive all my claims (howsoever accrued) against HKPA Ltd.</p> <p>Signature: _____</p> <p>Name of Participant: _____</p> <p>Date: _____</p>		