



**HONG KONG PHYSIOTHERAPY ASSOCIATION LIMITED**  
**香港物理治療學會有限公司**

中國香港特別行政區 九龍佐敦德興街12號興富中心9樓901室  
Room 901, 9/F Rightful Centre, 12 Tak Hing Street, Jordan, Kowloon, HKSAR  
www.hongkongpa.com.hk Tel: (852) 2336 0172 Fax: (852) 2338 0252

**Musculoskeletal Specialty Group**

**Research Updates on Gait Biomechanics:**

**Clinical Application of Research Findings**

**CUM BGM MSG**

- Date:** 7<sup>th</sup> Dec 2018 (Friday)
- Time:** 6:45pm – 7:00pm BGM  
7:00pm – 8:30pm Lecture
- Venue:** HKPA Premises, Rm 901, 9/F Rightful Centre, 12 Tak Hing Street,  
Jordan, Kowloon
- Speaker:** Dr. Roy Cheung (Associate Professor, PolyU)
- Registration** : Please complete the registration form.  
Kindly make the crossed cheque payable to  
**“Hong Kong Physiotherapy Association Limited”**  
and send to  
**Ms Chiang Lan Fong**  
Physiotherapy Department,  
Pamela Youde Nethersole Eastern Hospital  
3 Lok Man Road, Chai Wan, Hong Kong
- Deadline** : 23<sup>rd</sup> Nov 2018
- C.P.D. Points** : 2
- Enquiry** : Ms Chiang Lan Fong  
Office - 64601217; email – chialf@ha.org.hk
- Remarks** : Successful applicants will be notified via email



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**Research Updates on Gait Biomechanics:**  
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**Registration Form**

<b>Date &amp; Time</b>	: 7 <sup>th</sup> Dec 2018 (Friday) 6:45 to 8:30 pm
<b>Venue</b>	: HKPA Premises
<b>Speaker</b>	: Dr. Roy Cheung (Associate Professor, PolyU)

<b>Full Name :</b>			
<b>Institution :</b>			
<b>Mailing Address :</b>			
<b>Tel. :</b>	<b>Mobile:</b>	<b>Office:</b>	<b>Fax :</b>
<b>E-mail :</b>			
<b>HKPA Member : Y / N</b>		<b>Membership No.:</b>	
<b>Registration Fee</b> (please <input checked="" type="checkbox"/> as appropriate)			
MSG Member / Physio Student		<input type="checkbox"/> \$ 50	
HKPA Member		<input type="checkbox"/> \$ 100	
Non HKPA Member		<input type="checkbox"/> \$ 550	

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

Payment should be made by crossed cheque to “**Hong Kong Physiotherapy Association Limited**”

(Please write your name, HKPA membership number, contact phone number & course name at the back of the cheque). Completed registration form and payment should be sent to:

**Ms Chiang Lan Fong**  
Physiotherapy Department,  
Pamela Youde Nethersole Eastern Hospital  
3 Lok Man Road, Chai Wan, Hong Kong

**Deadline of application: 23<sup>rd</sup> Nov 2018**

**Enquiry** : Ms Chiang Lan Fong  
Office - 64601217; email – [chialf@ha.org.hk](mailto:chialf@ha.org.hk)

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## **Legal Claim Waiver Consent**

In consideration of HKPA Ltd. accepting my registration to this course, I hereby agree to waive all my claim (however accrued) against HKPA Ltd.

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

Name of Registrant : \_\_\_\_\_

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

\*Please sign the above consent before submitting your registration

## **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.