



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 九龍佐敦德輔道中12號興富中心9樓901室
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Acupuncture and Integrative Medicine Specialty Group

太極“小金鐘”十三式 - 伸展運動工作坊

- Date / Time:** 27 July 2019 (Saturday)
(Registration 14:15 – 14:30;
Workshop 14:30 – 17:30)
- Venue:** 17A/F, L Block, United Christian Hospital
- Speaker:** Mr. Eric Law
Registered Physiotherapist
- Lecture Medium:** Cantonese
- Class Size:** 15-20
- Course Fee:** HK \$ 500 for AIMSOG members
HK \$ 600 for HKPA or MPTA members
HK \$ 1100 for Non-HKPA members
- CPD Points:** 3 points (pending)
- Deadline of Application:** 6 July 2019
- Enquiry:** Ms. Lam Po (5215 6777)
Mr. Ben Chan (3506 2441)

~Physiotherapists only~

Hong Kong Physiotherapy Association - AIMSG

太極“小金鐘”十三式 - 伸展運動工作坊

27 July 2019 (Saturday)

17A/F, L Block, 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 especially on e-mail address please)

	Course fee
HKPA AIMSG Member (Membership no.: _____)	<input type="checkbox"/> HK \$ 500
HKPA / MPTA Member (Membership no.: _____)	<input type="checkbox"/> HK \$ 600
Non-HKPA Member	<input type="checkbox"/> HK \$ 1100

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 send the completed registration form with the payable cheque on or before **6 July 2019** to Ms. Fiona Tang, Physiotherapy Department, Kwai Chung Hospital, 3-15 Kwai Chung Hospital Road, New Territories. (Please do not staple the cheque)

Successful applicants will be notified by e-mail / phone on or before 20 July 2019

Legal Claim Waiver Consent

In consideration of HKPA Ltd. accepting my application to the 太極“小金鐘”十三式 - 伸展運動工作坊, I hereby agree to waive all my claims (howsoever accrued) against HKPA Ltd.

Signature : _____

Name of Applicant: _____

Date : _____

Please sign the above consent before submitting your application