



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

八段錦復康導師證書課程

(8 CPD points)

CPD Code: AC1120005

co-organized by

Geriatrics Specialty Group &

Acupuncture and Integrative Medicine Specialty Group

日期: 2012 年 1 月至 3 月逢星期三，公眾假期除外 (全期 12 課)
(1 月 4, 11, 18 日; 2 月 1, 8, 15, 22, 29 日; 3 月 7, 14, 21, 28 日)

時間: 7:00pm – 8:30pm (1.5hr)

地點: 九龍塘對衡道 20 號地下
頌恩護理院活動中心

課程費用: HK\$1400 (HKPA GSG member/AIMSG member)
HK\$1450 (HKPA member)
HK\$1850 (non-HKPA member)

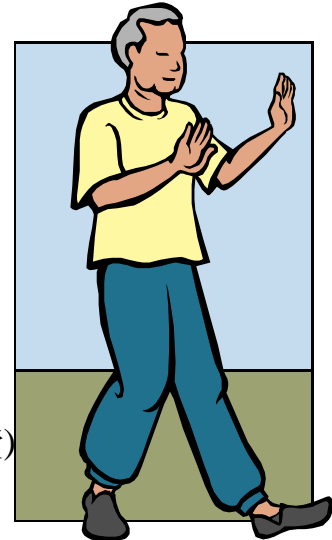
導師: 田小平教練及資深導師 (中國香港健身氣功總會)
(第一至六課由資深導師教授，第七至十二課由田教練教授)

導師介紹: 田小平老師

崑崙派大雁氣功楊梅君宗師入室弟子; 香港中國國術龍獅總會教練、裁判
中國香港健身氣功總會教練、裁判; 2008 韓國斧山世界社會體育錦標賽
香港代表 2009 上海國際健身氣功交流錦標賽二等獎

評估: 期終甄別演示合格及出席率達 80%

及證書: 將由田教練簽發“香港健身氣功學會”證書。



Enquiry:

Mr. Bill Chan 31297135 or billkschan@hotmail.com

Membership will be reference to the membership status of HKPA as at the date of application deadline

Application Form

Hong Kong Physiotherapy Association Limited
Geriatrics Specialty Group &
Acupuncture and Integrative Medicine Specialty Group

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Name (Full in block letter): _____

Correspondence Address: _____

HKPA membership (Yes, membership no. _____ / No)

GSG/ AIMSG member (Yes/ No*)

Working Place: _____

Specialty: _____ Rank/Title: _____

Contact Tel. No: _____ (Office) _____ (Pager/Mobile)

Email Address: _____

Cheque no. & Issuing Bank: _____

Please sends application form :

An **individual** cheque payable to “**Hong Kong Physiotherapy Association Limited**“ with name of the course, your name and contact phone number on its back, do not staple the cheque to the application form, and send to ‘**Mr. Bill Chan, Physiotherapy Department, 1/F, Rehabilitation Building, Kowloon Hospital, 147A Argyle Street, Mongkok, Kowloon**’

Deadline of application: November 24, 2011

Only UN-successful applicants will be notified on or before **December 21, 2011**

In consideration of HKPA Ltd. Accepting my application to attend the course. I hereby agree to waive all my claims (howsoever accrued against HKPA Ltd.)

Signature of applicants: _____

*Please deletes as appropriate