

**Hong Kong Physiotherapy Association Limited**  
**Manipulative Therapy Specialty Group &**  
**Occupational Safety, Health and Rehabilitation Specialty Group**  
**Co-organiser: Tung Wah College**  
**Course Application Form**

Course Name	Work-focused Management of Musculoskeletal Conditions		
Name		(English)	
			(Chinese)
HKPA/MTPA member	<input type="checkbox"/> Yes (membership no: _____ )		MTSG member: <input type="checkbox"/> Yes <input type="checkbox"/> No OSHS member: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> No		
Work Place			
Phone No		(Office)	
			(mobile/ pager)
Address			
E-mail			
Cheque no			Issuing Bank
Registration	<p>Send application form with a crossed cheque payment to “<b>Hong Kong Physiotherapy Association Limited</b>” with <u>name of this course</u>, <u>name of applicant</u> and <u>contact telephone number</u> on the back to:</p> <p style="text-align: center;"><b>Prof. Grace Szeto</b>  <b>Room 1001,</b>  <b>Tung Wah College,</b>  <b>31, Wylie Road, Homantin.</b></p> <p><b><i>Only successful applicants will be notified via email.</i></b></p>		

**Legal Claim Waiver Consent**<sup>#</sup>

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

Signature: \_\_\_\_\_ Name of Registrant: \_\_\_\_\_  
Date: \_\_\_\_\_

<sup>#</sup>Please sign the above consent before submitting your registration.