

Hong Kong Association of Rehabilitation Medicine (HKARM)

2012 Annual Scientific Meeting & Workshops

Date: 29 Sep 2012

Registration Form

Title: Mr./ Ms.

Last Name: _____ First Name: _____

Mobile number: _____ Hospital/ Unit: _____

HA Employee Number (if applicable): |__|__|__|__|__|__|

e-mail: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Registration	HKARM Member	Non-HKARM Member
Workshop 1: Diagnostic and Interventional Ultrasound of the Shoulder and Knee Joint <small>(Suitable for Rehab trainees and doctors interested in pain management)</small>	\$100 <input type="checkbox"/>	\$400 <input type="checkbox"/>
Workshop 2: Pain Rehabilitation Workshop for Professionals <small>(Suitable for doctors, nurses, allied health, clinical psychologist and other professionals interested in pain management)</small>	\$50 <input type="checkbox"/>	\$200 <input type="checkbox"/>
Annual Scientific Meeting	Free <input type="checkbox"/>	\$100 <input type="checkbox"/>
TOTAL		

Please make cheque payable to "Hong Kong Association of Rehabilitation Medicine" and send to the following address.

Bank: _____ Cheque No.: _____

Signature: _____ Date: _____

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Hong Kong Association of Rehabilitation medicine
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