

**Work Injury & Rehabilitation**  
**An Interdisciplinary Symposium on Musculoskeletal Injury Management at the Workplace**  
**10 – 11 April, 2010**

**REGISTRATION FORM**

**For Official Use Only**

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

Reference no.: WR001 \_\_\_\_\_

**Personal Particulars:**

(Please put a "✓" in appropriate box and fill it in BLOCK CAPITALS)

Title :  Prof.  Dr.  Mr.  Ms.

Surname : \_\_\_\_\_ Given name : \_\_\_\_\_

Department : \_\_\_\_\_

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**Registration Fee:**

1.5 days symposium : HK\$300

**Payment:**

Bank / Cheque no.: \_\_\_\_\_ (Name of Bank: \_\_\_\_\_)  
payable to "**The Chinese University of Hong Kong**".

**I hereby agree with the terms & condition above.**

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**Date**

**Please return the Completed Form with Payment to:**

Musculoskeletal Medicine and Rehabilitation Programme  
Department of Orthopaedics & Traumatology  
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