

# **REGISTRATION FORM**

(For Local participants)

## **FIMS – ISAKOS Team Physician Advanced Course** September 18 – 19, 2004

Please complete and return this form to the following address by ***August 31, 2004***.

Address: CUHK-WHO Collaborating Centre for Sports Medicine and Health Promotion  
Rm 74029, 5/F, Clinical Sciences Building  
Prince of Wales Hospital, Shatin, N.T., Hong Kong

### **Personal Details**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Title:  Prof.  Dr.  Mr.  Mrs.  Ms.

Position: \_\_\_\_\_

Institution: \_\_\_\_\_

Country: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_

Please indicate the details of the Team Physician Development Course that you have previously attended. (Please send the copy of the Certificate for verification.)

Country: \_\_\_\_\_ Year: \_\_\_\_\_

*The registration fee of **HK\$2,000.00** should be made payable to “**The Chinese University of Hong Kong**”.*

Date \_\_\_\_\_ Signature \_\_\_\_\_

**DEADLINE FOR REGISTRATION : August 31, 2004**