

# Hong Kong Pain Society Pain Education Series (2015)

## Practical Management of Neuropathic Pain

### On 5 September 2015

#### Application Form:

Please delete as appropriate: Prof. / Dr. / Mr. / Ms. / Mrs.

Name of Applicant: (Surname) \_\_\_\_\_ (First name) \_\_\_\_\_

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

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

(Please ensure the email address is valid as most of the message will be sent via this email address)

Position: \_\_\_\_\_ Discipline/Specialty: \_\_\_\_\_ Clinic/Institution: \_\_\_\_\_

#### Course Fee (Please tick):

- Full course: HK\$ 100 (HKPS member)  
 Full course: HK\$ 400 (non-HKPS member)

Total course fee: \_\_\_\_\_

Cheque No: \_\_\_\_\_ made payable to "The Hong Kong Pain Society Limited"

#### **Re: Pain Education Series**

Kowloon East Pain Management Centre,  
Room E, 2/F, Block P,  
United Christian Hospital,  
130 Hip Wo Street, Kwun Tong,  
Kowloon, Hong Kong

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I hereby agree to abide by the rules and regulations of the Hong Kong Pain Society Pain Education Series

#### **Application Procedures and Regulations:**

1. The application form together with cheque of appropriate fee should be sent to Pain Education Series, Kowloon East Pain Management Centre, Room E, 2/F, Block P, United Christian Hospital, 130 Hip Wo Street, Kwun Tong, Kowloon, Hong Kong
2. Secretariat will send a electronic receipt by email upon receipt of your registration form and full payment. Kindly check your email.
3. Fees are not refundable, except in the event of a course being oversubscribed or cancelled
4. The organizer reserves the right to amend the programme without prior notice. In the event of cancellation of the course, the only liability of the organizer is to refund all the fees paid.
5. No classes will be held when typhoon signal No.8 or above or black rainstorm warning is still hoisted after 0600am. Please contact the Secretariat Ms Tina Chiu at 3949 5202 to enquire matters regarding cancellation of class due to typhoon or black rainstorm.
6. Deadlines for application: **1 Sep 2015**

Address: Kowloon East Pain Management Centre, Room E, 2/F, Block P, United Christian Hospital, 130 Hip Wo Street, Kwun Tong, Kowloon, Hong Kong

Telephone: 3949 5202

Fax: 2205 1769

Email address: [cn1177@ha.org.hk](mailto:cn1177@ha.org.hk)

Web site: [www.hkpainsociety.org](http://www.hkpainsociety.org)