

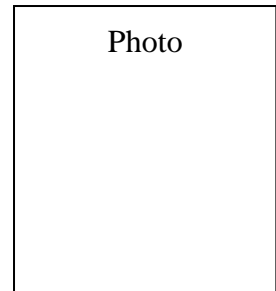
**Chinese University of Hong Kong
Orthopaedic Learning Centre
Trauma Fellowship**



Learn and Practice to Serve Better

Enrolment Form

Last Name: _____ First Name: _____
Position: _____ Sex: _____ Age: _____
Date of Birth: _____ Place of Birth: _____
Citizenship: _____



Home Address: _____

Office Address: _____

Phone : _____ (Home) _____ (Office)
Fax: _____ (Home) _____ (Office)

Proposed training Period (4 weeks):

1. _____ 2. _____ 3. _____

Education:

Clinical Experience:

What are your expectations towards this fellowship?

Please fax the application from to **(852) 2647 7432** or mail to Orthopaedic Learning Centre, 1/F Li Ka Shing Specialist Clinics, North Wing Prince of Wales Hospital, Hong Kong

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