

# SPECIAL OFFER for Register of Symposium on Sarcopenia and Fracture Prevention in Older People

**FEE WAIVED!**



## The Hong Kong Osteoporosis Foundation

The Hong Kong Osteoporosis Foundation has been established by a group of medical and health care workers and community leaders to combat osteoporosis. It is a charitable organization registered in Hong Kong.

## MISSIONS

- To promote knowledge and awareness of osteoporosis among citizens in Hong Kong
- To research, propagate and support primary prevention programmes and evidence-based strategies for osteoporosis
- To support policies for improving the health of patients with osteoporosis

## STRATEGIC ACTIVITIES

- Organize health exhibition and other health education activities for the public
- Organize training courses, scientific symposium and congresses for the medical and health professionals
- Promote research
- Propagate and support preventive and treatment programme for osteoporosis
- Establish and support patient support groups

## HONORARY PRESIDENTS

Prof. LEUNG Ping Chung

## COUNCIL MEMBERS

### President

Dr. LAW Sheung Wai

### Vice – President

Dr. KWOK Wai Leung Anthony, PhD

Prof. KWOK Chi Yui Timothy

### Honorary Secretary

Dr. LEUNG Man Fuk Edward

### Honorary Treasurer

CMP HUNG Sheung Sheung

### Founding President

Dr. Edith LAU

### Contact us

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### Membership of the Foundation

Professional workers in the field of osteoporosis are welcome to join the foundation as Full Members (Annual membership fee HK \$200).

Members will enjoy the following benefits:

- Participate in training courses at a discounted rate
- Free participation in scientific symposium
- Receipt of the latest health education materials
- Receipt of news excerpts from international foundations and societies in the field of osteoporosis
- Participation in other activities to be organized by the foundation

### Membership Application Form

I would like to join the Hong Kong Osteoporosis Foundation as Full Member

**Annual fee HK\$200 waived**

Name(Mr/ Mrs/ Ms):

Name of Company/ Organization:

Post:

Work Address:

Contact Tel. No.:

Fax No.:

E-mail:

Signature:

Date: