

Certificate Program in Clinical Toxicology 2015

Registration Form

Jointly organized by
Hong Kong College of Emergency Medicine & Hong Kong Poison Information Centre

Personal Data

Name (English) _____ Name (Chinese) _____
Position _____
Department _____
Organization/ Hospital _____
Mailing Address _____
Telephone (Office) _____
Mobile Phone _____
E-mail _____

Have you attended Hong Kong Clinical Toxicology Course before? (Yes / No) **Please delete as appropriate*

In which year? _____

Signature of Applicant _____ Date _____

COS Endorsement

Name _____ Signature _____

Please complete the registration form and return by mail to Ms Bejyork Wong, Hong Kong Poison Information Centre,
Room 2A, Block K, United Christian Hospital, 130 Hip Wo Street, Kowloon or by fax 3949 5658.

Deadline of registration: 20th March 2015

Should you have any problems, please contact Ms Bejyork Wong of Hong Kong Poison Information Centre
at Tel 3949 5094 or Fax 3949 5658.