# Certificate Program in Clinical Toxicology 2009

## *Registration Form*

Organized jointly 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? (2002/2003/2004//2006//2008) **Please delete as appropriate*

Signature of Applicant _____ Date _____

**COS Endorsement**

Name _____ Signature _____

Please complete the registration form and return by mail to the Hong Kong Poison Information Centre, Room 2A, Block K, United Christian Hospital, 130 Hip Wo Street, Kowloon or by fax 3513 5658

**Deadline of registration: 1st March 2008**

**Should you have any problems, please contact Ms Bejyork Wong of the Hong Kong Poison Information Centre at Tel (852) 3513 5089 and Fax (852) 3513 5658.**