

Basic Clinical Toxicology Course 2013

Registration Form

Personal Data

Title ☐ Prof ☐ Dr ☐ Mr ☐ Ms

Name (English) _____ Name (Chinese) _____

Position _____

Department _____

Organization _____

(Name of Hospital) _____

Telephone _____ Mobile _____

E-mail (Mandatory) _____

(Please ☒ where appropriate)

HA staff or HKCEM Fellows / trainee	Non-HA staff
☐ \$1,500	☐ \$3,000

Bank Name _____ Cheque No. _____ Total _____

Signature _____ Date _____

Payment Method

i Payment should be made in HK Dollars by cheque/ bank draft marked payable to

“Hong Kong College of Emergency Medicine”.

ii Payment should be sent with the completed registration form and payment to

Hong Kong Poison Information Centre, Room 2A, Block K, United Christian Hospital.

Official Receipt

Official Receipt will be issued upon payment of registration fee.

Deadline of Application

15 October, 2013

Enquiry

Ms Winnie Cheung ☎ 3513 5096