

Basic Clinical Toxicology Course 2016 Registration Form

Personal Data

Title ☐ Prof ☐ Dr ☐ Mr ☐ Ms

Name (English) _____ Name (Chinese) _____

Position _____

Department _____

Organization _____

Telephone _____ Mobile _____

E-mail (Mandatory) _____

Please ☒ where appropriate

HA staff or HKCEM fellow/ trainee	Others
☐ HK\$2,500	☐ HK\$3,500

Bank Name _____ Cheque No _____ Total _____

Signature _____ Date _____

Payment Method

- Please send completed registration form with crossed cheque(s) payable to “Hong Kong College of Emergency Medicine” to the address: Hong Kong Poison Information Centre, Room 2A, Block K, United Christian Hospital. OR
- Online payment can be made at <http://hkcem.org.hk/html/> Applicants are required to input “Hong Kong College of Emergency Medicine Basic Clinical Toxicology Course 2016” in the remarks. Please send completed registration form with the document on successful payment to the address: 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

17 October 2016

Enquiry

Ms Bejyork Wong ☎ 3949 5089