

Certificate Program in Clinical Toxicology 2011

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? _____

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: 11th March 2011

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.