Certificate Program in Clinical Toxicology 2013

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 3513 5658.

Deadline of registration: 20th March 2013

Should you have any problems, please contact Ms Bejyork Wong of Hong Kong Poison Information Centre at Tel (852) 3513 5094 or Fax (852) 3513 5658.