

Application Form

Paediatric Advanced Life Support Course



Organised by



**Hong Kong College of Paediatricians
and**

The Heart Institute for Children, Hope Children's Hospital, Illinois, USA

Name in English (in block letters) Dr/Mr/Ms _____
Family name _____ Given name _____

Name in Chinese _____ Occupation _____ Rank _____

Dept / Ward _____ Hospital / Institution _____

Address _____

Telephone _____ (office) _____ (residence)

Fax _____ E-mail _____

For **Fellow / Member / Associate*** (*delete as applicable*) of the Hong Kong College of Paediatricians :
Membership no. : _____

I herewith attach (*please tick as appropriate*)

- crossed cheque of HK\$3,000 (cheque no. _____ of _____ Bank) for Provider Course
- crossed cheque of HK\$800 (cheque no. _____ of _____ Bank) for Instructor Course
- I would be glad to teach in future PALS course organized by the College

Cheque should be made payable to Hong Kong College of Paediatricians for this application.
(Separate cheques are required. Please write your name at the back of the cheque. Fees paid are not refundable on the candidate's own withdrawal from the course.)

My preferred course (please tick):

PALS Instructor Course (9 September 2005 a.m.) _____

PALS Provider Course I (7 – 8 September 2005) _____

PALS Provider Course II (10 – 11 September 2005) _____

(NB. The organizing committee reserves the right to allocate applicants to whichever of the providers course according to the availability of vacancies.)

Name Signature Date

Please send the completed Application Form with the cheque ***before 15 July 2005*** to :

Ms Karen Yu, Secretary of PALS Course
Hong Kong College of Paediatricians
Room 801, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road, Aberdeen, HKSAR