

# 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