



THE FEDERATION OF MEDICAL SOCIETIES OF HONG KONG

香 港 醫 學 組 織 聯 會

Duke of Windsor Social Service Building, 4/F, 15 Hennessy Road, Hong Kong

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APPLICATION FORM - Certificate Course

Name of Applicant:(Dr./Mr./Ms./Mrs.) _____ (English) _____ (Chinese)
(in block letters)

Correspondence Address: _____

Tel. No.: _____ Fax No.: _____ Age: _____ Sex: _____

Occupation: _____

Course Title & No : _____

(Please fill in the Course Name & Course No.)

Education (please tick): Secondary Others _____

Fee enclosed **HK\$960.00** (please tick):

Cheque: _____ made payable to **The Federation of Medical Societies of Hong Kong**

Cash HK\$ _____

Signature

Date

Note:

1. The application form together with the appropriate fee should be sent to the Secretariat of the Federation of Medical Societies of Hong Kong, 4/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Hong Kong.
2. Fees are not refundable, except in the event of a course being oversubscribed or cancelled.
3. The Federation of Medical Societies of Hong Kong reserves the right to cancel the course should too few participants enroll for the course.
4. No classes will be held when typhoon signal No. 8 or above or black rainstorm warning is still hoisted after 12:00 noon. Please contact the Secretariat to enquire matters regarding cancellation of class due to typhoon or black rainstorm.

For office use:

Registration confirmed on : _____ Registration Number : _____

Cheque Issuing Bank : _____ Cheque Number : _____