



APPLICATION FORM

Basic Course in Diabetes Management and Education 2017-18

Website: www.hkido.cuhk.edu.hk

Please complete this application form (photocopy is also welcome) in **BLOCK** letters and return it by mail, fax (852) 2637 3929 or email: bcdm@cuhk.edu.hk.

Title*: Prof. Dr. Mr. Ms. Gender*: M F

THE NAME GIVEN BELOW SHOULD BE THE SAME AS THAT PRINTED ON YOUR IDENTITY DOCUMENT.

Name: _____ (In English) _____ (In Chinese, if any)
Surname Given name

Hong Kong Identity Card / Passport No.: _____

Occupation* : Family Doctor Physician Dietitian Nurse Pharmacist Physiotherapist

Health Care Professional Medical Researcher Scientific Personnel Others : _____

Position: _____ Department: _____

Institution / Organization: _____

Correspondence Address: _____

Tel: _____ Mobile: _____ Email Address: _____

Whole Course* Each Symposium* Course Code: DM1S1 DM1S2 DM1S3 DM1S4 DM1S5 DM1S6

Symposium Date: 9 Sep 2017 16 Sep 2017 23 Sep 2017 18 Nov 2017 2 Dec 2017 20 Jan 2018

Early-bird Rate HK\$2,826 HK\$526

Standard Rate HK\$3,153 HK\$581

Cheque No.: _____ Drawn on: _____ Total Amount: HK\$ _____

Remarks: -

- Application will be accepted until one week prior to the start of the lecture.
- Tuition fee should be made by cheque payable to "The Chinese University of Hong Kong".
- Acceptance of application is subject to availability and the decision of the Programme Office.
- No refund will be made once the application is being accepted.
- Applicants are expected to attend the lecture(s) at the place and time advised by the Programme Office.
- The Chinese University of Hong Kong as a data user undertakes to comply with the requirements of the Personal Data (Privacy) Ordinance to ensure that personal data kept are accurate, securely kept and used only for the purpose for which they have been collected.
- Enquiries:

Programme Office, Hong Kong Institute of Diabetes and Obesity

4/F, Block B, Staff Quarters, Prince of Wales Hospital

Shatin, New Territories, Hong Kong

Tel: (852) 3505 1419 Fax: (852) 2637 3929

Email: bcdm@cuhk.edu.hk

Signature: _____

Date: _____

*Please check where appropriate.

FOR OFFICE USE ONLY

Application No.: _____

Checked by: _____ Date: _____