



APPLICATION FORM

Basic Course in Diabetes Management and Education 2019-20

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) 2647 8495 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: 7 Sep 2019 21 Sep 2019 12 Oct 2019 16 Nov 2019 30 Nov 2019 18 Jan 2020

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
3/F, Lui Che Woo Clinical Sciences Building
Prince of Wales Hospital
Shatin, New Territories, Hong Kong
Tel: (852) 2647 8806 Fax: (852) 2947 8495
Email: bcdm@cuhk.edu.hk

Signature: _____

Date: _____

*Please check where appropriate.

FOR OFFICE USE ONLY

Application No.: _____

Checked by: _____ Date: _____