



APPLICATION FORM

Basic Course in General Endocrinology and Metabolism 2018

Please complete this application form in **BLOCK** letters and return it by mail, fax (2637 3929) or email (bgem@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: _____

BGEM 2018	Whole Course*	Per Lecture*	<u>EM1S1</u>	<u>EM1S2</u>	<u>EM1S3</u>	<u>EM1S4</u>	<u>EM1S5</u>	<u>EM1S6</u>	<u>EM1S7</u>
Lecture Date			Apr 14	Apr 28	May 12	May 26	Jun 9	Jun 23	Sep 8
Early-bird	HK\$3,297 <input type="checkbox"/>	HK\$526	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuition Fee	HK\$3,679 <input type="checkbox"/>	HK\$581	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cheque No.: _____ Bank Name: _____ Total Amount: HK\$ _____

Remarks -

- Application will be accepted until one week prior to the start of the lecture.
- Tuition 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 Committee.
- 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:

Hong Kong Institute of Diabetes and Obesity

4/F, Block B, Staff Quarters, Prince of Wales Hospital, Shatin, New Territories, Hong Kong

Tel: 3505 1419 Fax: 2637 3929

Email: bgem@cuhk.edu.hk

Signature: _____

Date: _____

*Please check where appropriate

FOR OFFICE USE ONLY

Application No.: _____

Checked by: _____ Date: _____