



APPLICATION FORM

Basic Course in General Endocrinology and Metabolism 2024

Please complete this application form in BLOCK letters :	and send it to	bgem@cuhk	<u>.edu.hk</u> by 6	email.			
Title*: Prof Dr Mr Ms	Gender*: N	$M \square F \square$					
THE NAME GIVEN BELOW SHOULD BE THE SAMI			YOUR ID	ENTITY D	OCUMENT	Γ.	
Name: (In English) (In Chinese, if any)							
Name: Given name	(III E	engusu)	(In Chinese, if any)				
Hong Kong Identity Card / Passport No.:							
Occupation*: Family Doctor Physician	Dietitian [Nurse	□ Pł	narmacist [Ph	ysiotherapis	t 🗌
Health Care Professional Medical Researcher	Scient	ific Personne	el 🗌	Others :			
Position:	Depa	artment:					
Institution / Organization:							
Correspondence Address:							
Tel: Mobile:	Emai	Email address:					
			_				
BGEM 2024 Whole Course*	<u>EM1S1</u>	<u>EM1S2</u>	EM1S3	EM1S4	<u>EM1S5</u>	<u>EM1S6</u>	<u>EM1S7</u>
Lecture Date	Mar 9	Mar 16	Mar 23	Apr 6	Apr 13	Apr 20	Apr 27
Early-bird HK\$3,297 □							
Tuition Fee HK\$3,679 □							
Cheque No.: Bank Name:_		Total Amount: HK\$					
Remarks -							
Application will be accepted until one week prior to the s	tart of the lect	ure.					
Tuition should be made by cheque payable to "The Chine	-	_	-				
Acceptance of application is subject to availability and th		the Programn	ne Committe	ee.			
No refund will be made once the application is being acce			D	O.C.			
Applicants are expected to attend the lecture(s) at the place. The Chinese University of Hong Kong as a data user under					conal Data	(Privacy) O	rdinance to
ensure that personal data kept are accurate, securely kept			•				rumanee to
Enquiries:		F F		,			
Hong Kong Institute of Diabetes and Obesity							
3M, Day Treatment Block Prince of Wales Hospital							
Shatin, New Territories, Hong Kong							
Tel: 3505 3130							
Email: bgem@cuhk.edu.hk							
Signature:			FOR OFFICE USE ONLY				
Date:			Application No.:				
*Please check where appropriate			Checked by	:	_Date:		