Application Form
Certificate Course in Clinical Cytogenetics and Genetics 2019
(C334)

Please delete as appropriate: □ Prof. □ Dr. □ Mr. □ Ms. □ Mrs.

Name of Applicant: (Surname) __________________________ (First name) __________________________

(Chinese Name) __________________________________________

Correspondence Address: _________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Tel. No.: ______________________ Fax No.: __________________ Email Address: __________________________

Company Name: ___________________________________________

Occupation: ___________________________________________ CNE points required (for Nurses only): □ Yes □ No

Title: _____________________________________________________

Education (please tick): □ Secondary □ Undergraduate □ Postgraduate □ Others _____________

Sources of learning about the course (please tick):

- Patient resources & social Centre
- Clinics of Department of Health
- Health related organizations
- University libraries
- Nursing societies
- Self help groups
- FMS Website
- The Hong Kong Medical Diary
- Schools
- Sports centres
- Youth centres
- Hospital wards
- CME/CPE/CNE colleges
- Others (please specify): __________________________________

Course Fee: $750

Cheque No: __________ made payable to: Federation of Medical Societies of Hong Kong

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, Wanchai, 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 (FMSHK) reserves the right to cancel or re-schedule a course due to any unforeseen circumstances. The FMSHK is not responsible for any cost incurred by the collaborating organizations or the participants, should cancellation or any changes take place after any participants register 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 at 2527 8898 to enquire matters regarding cancellation of class due to typhoon or black rainstorm.