Application Form

Certificate Course on Ultrasound Diagnosis of Fetal Anomalies

(Video Lectures) – C350

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

Name of Applicant: (Surname) ___________________ (First name) ____________________

(Chinese Name) ____________________________

Correspondence Address: ____________________________________________________________________________

Mobile No.: _____________________ Email Address: ____________________

Company Name: ____________________________

Profession: ____________________________ Specialty: ____________________________

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

Education (please tick):

□ Secondary  □ Undergraduate  □ Postgraduate  □ Others _______________________

Sources of learning about the course (please tick):

□ Clinics of Department of Health  □ CME/CPE/CNE colleges  □ The Hong Kong Medical Diary

□ Hospital wards  □ Health related organizations  □ FMSHK website

□ Nursing societies  □ Patient resources & social centre  □ Colleagues/friends

□ Others (please specify): _______________________

Course Fee : $1,000

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.