



HONG KONG EMERGENCY NURSES ASSOCIATION

**APPLICATION FORM**

**COURSE OF BASIC ECG INTERPRETATION**

Name : Mr / Ms \_\_\_\_\_ ( \_\_\_\_\_ )  
In Chinese

Member of HKENA : No / Yes Membership No. \_\_\_\_\_

Hospital : \_\_\_\_\_ Department : \_\_\_\_\_ Post: \_\_\_\_\_

Telephone : (Mobile) \_\_\_\_\_ (Office) \_\_\_\_\_

e-mail Address : \_\_\_\_\_

**Please tick  if you agree HKENA to notify you with future information through e-mail**

**Date:** 7-3-2012 (Time: 1800 - 2100)

**Venue:** Lecture Theatre, 10/F, TWGHs Yu Chun Keung Memorial Medical Centre, KWH

**CNE points:** 2.5 HKNC-CNE points provided by HKENA

**Course Fees:** \$ 300 (HKENA Member)  
\$ 400 (Non-HKENA member)

**Withdrawal of Registration:**

Date of withdrawal	Amount refund
on/before 21-2-2012	Full refund
after 21-2-2012	No refund

**Enquiry:** Ms Yeung Kwai Lin [T&D Subcommittee of HKENA]  
Mobile: 9476 3992 e-mail: info@hkena.org

Please return the completed application form together with a crossed cheque payable to "HONG KONG EMERGENCY NURSES ASSOCIATION LIMITED" on or before 21-2-2012 to: P.O. Box 70122, Kowloon Central Post Office, Hong Kong

Acceptance of application would not be further noticed. [如申請被接納，不會再另行通知]

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

If you like to join HKENA to enjoy the fee discount, please fill in the application of membership/ renewal form and attach a separate cheque. HKENA web <http://www.hkena.org>