

Organizer

Hong Kong Emergency Nurses Association



# *Emergency Delivery*

## *Training Program*

*Date* 21 January 2016 (Normal) &  
28 January 2016 (Abnormal)

*Time* 1830 - 2030

*Venue* Lecture Theatre, G/F, Wai Oi Block,  
Caritas Medical Centre  
111 Wing Hong Street, Sham Tsui Po, Kowloon

*Course Fee* HKD 400 (HKENA member) or  
HKD 600 (HKENA non-member)





# Emergency Delivery Training Program

## Application Form

Date : 21 January 2016 – **Normal**  
28 January 2016 – **Abnormal**

Time : 1830 – 2030

Venue : Lecture Hall, G/F, Wai Oi Block, Caritas Medical Centre, 111 Wing Hong Street,  
Sham Tsui Po, Kowloon

Fee : HKD **400** (member of HKENA) or HKD **600** (non-member of HKENA)

CNE : 4 points

Enquiry : [support@hkena.org](mailto:support@hkena.org)

Website : [www.hkena.org](http://www.hkena.org)

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

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

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

E-mail address : \_\_\_\_\_

Membership :  HKENA member no. \_\_\_\_\_  Non-HKENA member

- Remarks: - **No refund** will be made except course is oversubscribed or cancelled.
- Participant will **not be further noticed** if the application is accepted.
- You are welcome to join HKENA or HKSEMS to enjoy discount on the course fee. Please complete the application form of membership / renewal form and attach with a **separate cheque**.

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

Please complete the application form together with a crossed cheque payable to “**Hong Kong Emergency Nurses Association Limited**” and send to “**P.O. Box 70122, Kowloon Central Post Office, Hong Kong**” on or before **7 January 2016**.