

Introduction To Hospital Management



Organisers Hong Kong Society for Emergency Medicine & Surgery and
Hong Kong Emergency Nurses Association

Speakers **Dr Chor-chiu LAU, CCE (HKEC) / HCE (PYNEH / WCH / SJH)**
Mr. Jackson YIU, Former A&E NS, DOM & GM(N)

Date 23 May (Tue), 29 May (Mon), 9 Jun (Fri) & 13 June 2017 (Tue)

Time 1900 - 2100 (2 hours)

Venue A&E Training Centre, 3/F Tang Shiu Kin Hospital Community Ambulatory Care Center

Fee HK\$ 800 (member of HKSEMS/HKENA) / HK\$ 1200 (non-member of HKSEMS/HKENA)

CME/CNE CNE: 8 points; Fellow 8 PP CME, Trainee 8 Cat B TP

Enquiry <http://www.hksems.org.hk> <http://www.hkena.org> Email: support@hkena.org



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Application Form



Date : 23 May (Tue), 29 May (Mon), 9 June (Fri) & 13 June (Tue) 2017
Time : 1900 – 2100
Venue : A&E Training Centre, 3/F Tang Shiu Kin Hospital Community Ambulatory Care Centre, 282 Queen's Road East, Wan Chai
Fee : HK\$ **800** (member of HKSEMS / HKENA) or HK\$ **1200** (non-member of HKSEMS / HKENA)
CNE : 8 points
CME/TP : Fellow 8 PP CME, Trainee 8 Cat B TP
Enquiry : member@hkema.org

Name : Mr. / Ms. / Dr. _____ (_____)
In Chinese

Hospital : _____ Department: _____ Post: _____

Telephone: (Mobile) _____ (Office) _____

E-mail address : _____

Membership : HKSEMS / HKENA member no. _____ Non HKSEMS / 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 **9 May 2017**.