



Emergency Medicine Course for Nurses 2017



Application Form

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

Hospital: _____ Department: _____ Post: _____

Telephone: (Mobile) _____ (Office) _____

E-mail address: _____

Course fee: Full Course HK\$1600 Member (HKSEMS / HKENA / HA staff, membership no. _____)

Full Course HK\$2000 Non-member (Non-HKSEMS / Non-HKENA / Non-HA staff)

Day-pass HK\$200 (All participants pay in cash on-site), please choose your favourite topic(s) as following dates:

26 Oct 2017 2 Nov 2017 9 Nov 2017 16 Nov 2017 23 Nov 2017

30 Nov 2017 8 Dec 2017 15 Dec 2017 21 Dec 2017 28 Dec 2017

Enquiry: Email: support@hkena.org

Website: <http://www.hkena.org>

Remarks: - **Participant will not be further noticed if the application is accepted.**

- *No refund will be made except course is oversubscribed or cancelled. 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 **18 October, 2017**.