



Emergency Obstetric Care

Enrollment Form

Date : **23 & 30 July 2019** (Tuesday) [Amended on 24 May 2019]
Time : 1830 – 2030
Venue : A&E Training Centre, 3/F Tang Shiu Kin Hospital Community Ambulatory Care Centre, 282 Queen's Road East, Wan Chai
Fee : HK\$**400** (member of HKENA) or HK\$**600** (non-member of HKENA)
CNE/PEM: 4 points
Enquiry : support@hkena.org
Website : www.hkena.org/category/courses/
Remark : Limited quota on a first-come-first-served basis

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

Hospital : _____ Department: _____ Post: _____

Telephone: (Mobile) _____ (Office) _____

E-mail address : _____

Membership : HKENA membership no. _____

- 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 **12 July 2019**.