



香港婦產科學院

The Hong Kong College of Obstetricians and Gynaecologists

Diploma in Community Gynaecology

Registration Form

Personal Particulars

Name in English: Prof / Dr / Mr / Mrs / Ms * _____ (Surname) _____ (Give names)

Name in Chinese: _____ (if applicable)

Hospital / Organization: _____ Department: _____ Post : _____

Correspondence Address: _____

Tel. No. : _____ (work) _____ (home) _____ (mobile)

Pager: _____ Fax No. _____ E-mail: _____

HKID No.: _____ (____) Date of Birth: _____ (dd) _____ (mm) _____ (yy) Sex: *Male/Female

Training Unit attached: _____

Name and Signature of the Department Head of the attached training unit: _____

* Please delete as appropriate

Registration fee for ALL participants: HK\$15,000

Payment

Cheque No. _____ of Bank _____ for HK\$ _____

Please complete the registration form and sent it together with a crossed cheque payable to "The Hong Kong College of Obstetricians and Gynaecologist" to Room 805, 8/F., Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong.

Please put down "Diploma in Community Gynaecology" and your name on the back of the cheque.

Request for official receipt (Please complete the mailing address as shown below.)

Signature: _____

Date: _____

To :	To :
Address :	Address: