



APPLICATION FORM

Basic Course in General Endocrinology and Metabolism 2020

Please complete this application form in **BLOCK** letters and return it by mail, fax (2947 8495) or email (bgem@cuhk.edu.hk)

Title*: Prof Dr Mr Ms Gender*: M F

THE NAME GIVEN BELOW SHOULD BE THE SAME AS THAT PRINTED ON YOUR IDENTITY DOCUMENT.

Name: _____ (In English) _____ (In Chinese, if any)
Surname Given name

Hong Kong Identity Card / Passport No.: _____

Occupation*: Family Doctor Physician Dietitian Nurse Pharmacist Physiotherapist

Health Care Professional Medical Researcher Scientific Personnel Others : _____

Position: _____ Department: _____

Institution / Organization: _____

Correspondence Address: _____

Tel: _____ Mobile: _____ Email address: _____

BGEM 2020	Whole Course*	Per Lecture*	<u>EM1S1</u>	<u>EM1S2</u>	<u>EM1S3</u>	<u>EM1S4</u>	<u>EM1S5</u>	<u>EM1S6</u>	<u>EM1S7</u>
Lecture Date			Apr 18	Apr 25	May 9	May 23	Jun 6	Jun 27	Sep 5
Early-bird	HK\$3,297 <input type="checkbox"/>	HK\$526	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuition Fee	HK\$3,679 <input type="checkbox"/>	HK\$581	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cheque No.: _____ Bank Name: _____ Total Amount: HK\$ _____

Remarks -

- Application will be accepted until one week prior to the start of the lecture.
- Tuition should be made by cheque payable to “The Chinese University of Hong Kong”.
- Acceptance of application is subject to availability and the decision of the Programme Committee.
- No refund will be made once the application is being accepted.
- Applicants are expected to attend the lecture(s) at the place and time advised by the Programme Office.
- The Chinese University of Hong Kong as a data user undertakes to comply with the requirements of the Personal Data (Privacy) Ordinance to ensure that personal data kept are accurate, securely kept and used only for the purpose for which they have been collected.
- Enquiries:

Hong Kong Institute of Diabetes and Obesity
3/F, Lui Che Woo Clinical Sciences Building, Prince of Wales Hospital, Shatin,
New Territories, Hong Kong
Tel: 2647 8806 Fax: 2947 8495
Email: bgem@cuhk.edu.hk

Signature: _____

Date: _____

*Please check where appropriate

FOR OFFICE USE ONLY

Application No.: _____

Checked by: _____ Date: _____