



End-of-Life Care Workshops 24 Sept to 5 Nov 2020



APPLICATION FORM

(Please fill it in BLOCK CAPITALS)

PERSONAL DETAILS

Title: Prof. Dr. Mr. Ms. Miss

Surname:

Given name:

Institution /Unit :

Occupation:

Department / Ward :

Mailing Address:

Email:

Telephone:

Fax:

PAYMENT

Total course fees: HK\$1,800

Name of Bank:

Cheque no.:

** Please write a crossed cheque addressed to "The Chinese University of Hong Kong"

TERMS & CONDITIONS

Once the payment is processed, NO cancellation can be made. Total course fees are non-refundable.

I hereby agree with the terms & conditions above.

Signature:

Date:

Please return the completed Form with Payment to

Ms. Matina Yu/Kathy

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Prince of Wales Hospital, Shatin, New Territories, Hong Kong
Tel: 9168 7005

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