



APPLICATION FORM

Basic Course in General Endocrinology and Metabolism 2022

Please complete	e this application for	orm in BLOCK letters a	nd return it b	y mail, fax (2947 8495)	or email (<u>b</u> g	gem@cuhk.	edu.hk)		
Title*: Prof □] Dr	Ms 🗌	Gender*: N	M						
THE NAME GI	IVEN BELOW SH	OULD BE THE SAME	AS THAT P	RINTED O	N YOUR ID	ENTITY D	OCUMENT	7.		
Name:			(In English)		(In Chinese, if any)					
Hong Kong Ide	ntity Card / Passpo	ort No.:								
•	Family Doctor ☐	Physician Medical Researcher	Dietitian Scient	Nurse				ysiotherapis	st 🗌	
Position:			Depa	artment:						
Institution / Org	ganization:									
Correspondence	e Address:									
Tel:	Mobile:				Email address:					
BGEM 2022	Whole Course*	Per Lecture*	<u>EM1S1</u>	EM1S2	EM1S3	EM1S4	<u>EM1S5</u>	EM1S6	EM1S7	
Lecture Date			Mar 26	Apr 2	Apr 9	Apr 23	May 14	May 21	May 28	
Early-bird Rate	HK\$3,297 □	HK\$526								
Normal Rate	HK\$3,679 \square	HK\$581								
Cheque No.: Bank Name:					Total Amount: HK\$					
Tuition should be Acceptance of a No refund will be Applicants are ed The Chinese Unensure that personal Enquiries: Hong Kong Inst 3/F, Lui Che Woley New Territories Tel: 2647 8806 Email: bgem@c	be made by cheque application is subjeted to made once the appropriate to attend to a property of Hong Konal data kept are appropriate to Clinical Sciences, Hong Kong Fax: 2947 8495 Buhk.edu.hk	es Building, Prince of W	se University e decision of a pted. e and time ad artakes to con and used only	of Hong Kor the Programm Ivised by the apply with the or for the purp	ne Committe Programme requirement lose for which	Office. ts of the Per th they have	been collec	-	rdinance to	
Signature:					FOR OFFICE USE ONLY					
Date: *Places check where appropriate					Application No.:					
*Please check where appropriate						Checked by: Date:				

Checked by: ___

__Date:__