

## Training Course Application Form

Name: (In BLOCK letters)	English:	Chinese:			
HKID No. (Omit for member)		Sex :			
Address: (In BLOCK letters)					
E-mail Address:		Membership No:			
Telephone No:	(Hm):	(Off):	(Mobile / Pager):		
Hospital/Clinic/ Institution:			Rank/Post:		
Course Name:		Course Date:		Course Time:	
Fee (Member) :		Fee(Non-member) :			

Please fill in the form and send to Rm 5-6, 12/F, Corporation Park., 11 On Lai Street, Shatin or fax to 36901073. Successful applicants will receive official receipt within 4 weeks.

Payment Method :      Cheque No : \_\_\_\_\_ (Payable to “Professional Medical Center (Great China) Ltd. or  
Transfer to the Bank of China : 012-874-00122545 and  
mail or fax the receipt to PMC for reference.

Name :
Correspondence Address :