



The College of Surgeons of Hong Kong

Anatomy Workshop in Acute Abdomen

On 2 December 2017 (Saturday)

Application Form

Please write in CAPITAL LETTERS.

Names in full: (in English) _____

Names in full: (in Chinese) _____ Passport/ HKID no. _____

Gender: Female Male (circle as appropriate) Date of birth: ____ / ____ / ____ (Day/Month/Year)

Address: _____

Telephone numbers: Contact number: _____ Mobile: _____

Fax: _____ Email: _____

Remarks: Applicants are required to provide the most updated and valid email address and corresponding address.

The CSHK will not take any responsibility of the consequence if any message delivering to the above email address and corresponding address cannot reach you.

Date of registered as BST: ____ / ____ / ____ (Day/Month/Year)

Registration fee: HK \$ 1,200.

I enclose a cheque for HK\$ _____ (No. _____) in favor of “**The College of Surgeons of Hong Kong Limited**”. I understand that

- 1) If my application is unsuccessful, the cheque will be returned to me by post.
- 2) In the event that I wish to withdraw after the application deadline (17 November 2017), no refund will be made.

Signature

Date

AUTHORIZATION

I authorize that the above information will be used for enrollment and future communication relating to this workshop only.

Important note to applicants

1. An Anatomy Workshop in Acute Abdomen which cooperates with School of Biomedical Sciences of the University of Hong Kong as detailed hereunder:

Date : 2 December 2017 (Saturday)
Time : 8:30am – 1:00pm
Venue : Anatomy Lab. Room L1-01, 1/F, Lab. Block, Faculty of Medicine Bldg., 21
Sassoon Road, The University of Hong Kong

2. Target Participants
Basic Surgical Trainees
3. Course capacity:
50 (First-come-first-served basis)
4. Please complete all parts of the application form. All applicants must complete the application form accurately. The College will not process any incomplete application.
5. Attendance:
Trainees are expected to be punctual at all times. Attendance will not be counted if trainees arrive 30 minutes after the lecture starts or leave 30 minutes before the lecture ends unless pre-approval is obtained and valid reason is provided. No withdrawal is accepted after confirmation of application and no refund will be arranged. Late arrival or early departure is not allowed. Your commitment to the course is vital
6. The application will be confirmed only when the payment and the relevant documents are received.
7. All information given in this application form will be treated STRICTLY CONFIDENTIAL.
8. Payment method of application fee \$1,200. Applicants should pay the fee by a crossed cheque made payable to "**The College of Surgeons of Hong Kong LIMITED**" in Hong Kong dollars. Please write your name and contact number at the back of the cheque.
9. Application form and cheque should be sent into the below address **by 17 November 2017 (Friday)**:
(To: Mr. Gabriel LO)
The College of Surgeons of Hong Kong
Room 601, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road, Aberdeen, Hong Kong
(Application for Anatomy Workshop in Acute Abdomen – 2 December 2017)
10. For enquiry, please contact Mr. Gabriel LO (Tel) 2871 8798/ (Fax) 2518 3200 / (Email) gabriello@cshk.org