HONG KONG ASSOCIATION OF FAMILY MEDICINE AND PRIMARY HEALTH CARE NURSES
香港家庭醫學及基層健康護士協會
CND, OLMH, 118 Shatin Pass Rd., Wong Tai Sin, Kln Tel: (852)23540558 Fax: 23540525
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Application Form 申請表格

Course/ Seminar Name 課程/講座名稱	Seminar on Complex Lymphedema Management		
Name in Chinese 姓名 (中文)	Name in English 英文	HKID/ passport(First 4 digit) 身份証號碼(頭 4 位數字):	
Contact telephone no. 聯絡電話:		Email Address 電郵地址:	
Correspondence Address (Block Letter) 通訊地址:			
Rank 職位:	Year of related experience 年資:	Workplace 工作機構:	
Association member 本會會員: Yes(是) ☐ ● HKAFMPHCN ☐ ● CNA ☐ ● HKAOHN ☐ ● Public health ☐ Membership No. 會員號碼: _____	No(否)☐	Member(會員): $ 0 ☐	Non-member(非會員): $100 ☐ Bank(銀行名稱): _____ Cheque No(支票號碼): _____

Notes for enrollment 報名須知：

1. Please send the duly completed enrollment form and a cross cheque payable to "**Hong Kong Association of Family Medicine and Primary Health Care Nurses Limited**" by post to **CND, OLMH, 118 Shatin Pass Rd., Wong Tai Sin, Kowloon on or before 23 Sept 2013 and envelop course title.** (表格填妥後，連同回郵信封及劃線支票註明收款人為 -- **Hong Kong Association of Family Medicine and Primary Health Care Nurses Limited** 於 **2013 年 9 月 23 日前**寄回本會址：九龍黃大仙沙田坳道 **118 號聖母醫院中央護理部**，信封面註明課程/講座名稱。)
2. Course is only for those participants registered and not transferable. 課程只准已報名之學員上課，學額不得轉讓他人

Signature(簽署):_____ Date (日期):_____

Official Use

Received date	Accept	Not accept	Remark