九龍荔枝角荔景山路32號瑪嘉烈醫院護士宿舍LG1

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**1st Hong Kong Primary Health Care Nursing Symposium cum**

**5th AGM Celebration Dinner**

28 April 2018 (Saturday)

At Kowloon Harbourfront Hotel

**Enrolment Form**

Deadline : 7 April 2018

Please be informed that I\*

□ will attend the Symposium only

□ will attend the 5th Annual General Meeting and dinner

□ will join dinner only

|  |  |  |  |
| --- | --- | --- | --- |
| **Name: Block Letter** |  | | |
| **Memeber No.** |  | **Hospital/Unit** |  |
| **Signature** |  | **Date:** |  |

Payment method:

Please make a deposit into the bank account of

“Hong Kong Association of Family Medicine and Primary Health Care Nurses Ltd.”

DBS星展銀行 A/C: 470682787, and fax the bank payment slip/ATM slip(with full name

of participant in Block Letter marked on the bank transaction slip) to fax no. 2370 0216