**Application Form**

**Certificate Course on Renal Medicine 2019 (C340)**

Please select as appropriate:  □ Prof.  □ Dr.  □ Mr.  □ Ms.  □ Mrs.

Name of Applicant: **(Surname)_________________________ (First name)_________________________**

**(Chinese Name)________________________________________________________________________**

Correspondence Address: __________________________________________________________________

Tel.No.: __________________ Fax No.: __________________ Email Address: __________________

**(must fill in)**

Company Name: ____________________________

Occupation: ____________________________ CNE points required (for Nurses only):  □Yes  □No

Title: ____________________________

**Education (please tick):**

- [ ] Secondary
- [ ] Undergraduate
- [ ] Postgraduate
- [ ] Others __________________

**Sources of learning about the course (please tick):**

- [ ] Patient resources & social Centre
- [ ] Clinics of Department of Health
- [ ] Health related organizations
- [ ] University libraries
- [ ] Nursing societies
- [ ] Self help groups
- [ ] FMS Website
- [ ] The Hong Kong Medical Diary
- [ ] Schools
- [ ] Sports centres
- [ ] Youth centres
- [ ] Hospital wards
- [ ] CME/CPE/CNE colleges
- [ ] Others (please specify): __________________

**Course Fee**: $750

Cheque No: __________________ made payable to: **Federation of Medical Societies of Hong Kong**

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**Note:**

1. The application form together with the appropriate fee should be sent to the Secretariat of the Federation of Medical Societies of Hong Kong, 4/F Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong.
2. Fees are **not refundable**, except in the event of a course being oversubscribed or cancelled.
3. The Federation of Medical Societies of Hong Kong (FMSHK) reserves the right to cancel or re-schedule a course due to any unforeseen circumstances. The FMSHK is not responsible for any cost incurred by the collaborating organizations or the participants, should cancellation or any changes take place after any participants register for the course.
4. No classes will be held when typhoon signal No. 8 or above or black rainstorm warning is still hoisted after 12:00 noon. Please contact the Secretariat at 2527 8898 to enquire matters regarding cancellation of class due to typhoon or black rainstorm.