

Fundamentals of Disaster Management Course

Registration Form

Name in English _____

Name in Chinese _____ Title: Prof/Dr/Mr/Ms/Miss/* _____

(* Please delete as appropriate)

Corresponding Address _____

Post _____ Department _____ Hospital/ Institution _____

Tel No. _____ Mobile _____

Fax No. _____ Email _____

I wish to enroll in the following Fundamentals of Disaster Management Course:

- Friday 18th January 2008**
- Saturday 19th January 2008**
- Sunday 20th January 2008**

- 1. I am enclosing a cheque of HK\$1,500 in credit of “SPARK of Life”.**
- 2. I accept that once enrolment is accepted, claim for refund will not be entertained.**
- 3. I accept that in the event of course cancellation by the organizer, only \$1,150 will be refunded as \$350 will be deducted as the cost of the course manual.**

Signature _____ **Date** _____

Note

- All applications and fees must be sent to: -
Ms Rebecca Chan, Personal Secretary
A&E Department, North District Hospital
9 Po Kin Road, Sheung Shui, New Territories.
- **Deadline for application:** 10 December 2007
- The organizer reserves the right in the selection of candidates.
- Priority will be given to members of North District Hospital and SPARK of Life.
- Applicant's personal data will be solely used in connection with this course.