

Fundamental 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 _____

1. I am enclosing a cheque of HK\$_____ in credit of “SPARK of Life”.
2. I accept that once enrolment is accepted, claim for refund will not be entertained.

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:** 1st April 2010
- 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.
- Further information: <http://www.sparkoflife.org.hk>