



## Advanced Stroke Life Support, Hospital & Prehospital, 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 Advanced Stroke Life Support Course:

- Tuesday 19<sup>th</sup> January 2010
- Thursday 21<sup>st</sup> January 2010

1. I am enclosing a cheque 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:** 1<sup>st</sup> December 2009
- The organizer reserves the right in the selection of candidates.
- Priority will be given to members of North District Hospital, Tuen Mun Hospital and SPARK of Life.
- Applicant's personal data will be used solely in connection with this course.