



3rd BGEM

BASIC COURSE IN GENERAL ENDOCRINOLOGY & METABOLISM

April - October 2008

(Lectures of Professional Diploma Programme in General Endocrinology & Metabolism)

Application Form

WEB SITE : <http://hkfrdd.org/bgem2008>

Please complete this form in **BLOCK** letters and return by mail, fax (852) 2637 3929 or e-mail: bgem2008@med.cuhk.edu.hk

Title*: Prof Dr Mr Ms Sex* : M F

THE NAME GIVEN BELOW SHOULD BE THE SAME AS THAT PRINTED ON YOUR IDENTITY DOCUMENT

Name: _____ (In English) _____ (In Chinese) Hong Kong Identity Card No.: _____
Surname Given names

Name to appear on the name badge: _____

Occupation* : Doctor Nurse Pharmacist Allied Health Care Professional Others : _____

Position: _____ Department: _____

Institution/Organisation: _____

Correspondence address: _____

Tel: _____ Fax: _____ E-mail address: _____

For practising doctors, MCHK Registration No.: _____ CME Administrator Registered*: HKDU HKMA HKAM DH

Specialist College Membership (please specify) : _____ Membership No. : _____

	Whole Course*	Individual Symposium*	EM1S1	EM1S2	EM1S3	EM1S4	EM1S5	EM1S6	EM1S7
Pre-Registration Rate	HK\$1,575.00 <input type="checkbox"/>	HK\$250.00 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Normal Rate	HK\$1,764.00 <input type="checkbox"/>	HK\$280.00 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cash / Cheque No. _____ Drawn on _____ Total Amount : HK\$ _____

- Registration for the full course or individual symposium must be made using the Application Form (photocopy of the form is welcome) and returned to the Course Administrator with full fees at least 4 weeks prior to the symposium to be eligible for the Pre-Registration Rates. On-site registration will be acceptable at the normal rate.
- Applicants are expected to attend the course at the place and time specified in the leaflet unless otherwise notified. For RESERVATIONS and ENQUIRIES, please call (852) 2632 1419 during normal office hours, fax (852) 2637 3929 or via e-mail: bgem2008@med.cuhk.edu.hk.
- No refund will be made after receipt of payment, but applicants can arrange for a substitute to attend the course instead by notifying the Course Administrator in writing at least 10 days prior to the individual symposium.
- Telephone, fax, e-mail or on-line reservations are welcome but are subject to confirmation by payment in full within 5 days of the date when the reservation is made or 4 weeks prior to the course commencement, whichever is sooner.
- No class will be held when storm warning signal No. 8 or above or a Black Rainstorm Warning is hoisted. In such event, an alternative session will be arranged. Class will resume if storm warning signal No. 8 or a Black Rainstorm Warning is lowered before 12:00 noon.
- Personal data will only be used to promote activities related to care and education in diabetes, endocrinology and weight management.
- This form together with a crossed cheque made payable to "The Chinese University of Hong Kong" should be returned to :
Ms Charmaine S M Lee, Course Administrator
BGEM 2008
Department of Medicine & Therapeutics, The Chinese University of Hong Kong
4D, Block B, Staff Quarters, Prince of Wales Hospital, Shatin, NT, Hong Kong SAR

Signature: _____ Date: _____

* Please check where appropriate