

# Certificate Course in Obesity and Weight Management

January - March 2009

## Application Form

WEB SITE: <http://hkfrdd.org/cowm2009>

Please complete this form in **BLOCK** letters and return by mail, fax (852) 2637 3929 or e-mail: [cowm2009@med.cuhk.edu.hk](mailto:cowm2009@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) HKID Card No.: \_\_\_\_\_  
Surname Given names

Name preferred to appear on the name badge: \_\_\_\_\_

Occupation\*: Doctor  Nurse  Pharmacist  Allied Health Care Professional  Others : \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Institution / Organisation: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail address : \_\_\_\_\_

For practicing doctors, MCHK Registration No.: \_\_\_\_\_ CME Administrator Registered\*: HKDU  HKMA  HKAM  DH

Specialist College Membership (please specify) : \_\_\_\_\_ Membership No.: \_\_\_\_\_

### SYMPOSIA

All Symposia\*  
Early-Bird Rate HK\$450.00   
Normal Rate HK\$504.00   
Exemptions Fee\* HK\$200.00

Individual Symposium\*  
WM1S1  WM1S2   
HK\$250.00  HK\$280.00

### INTERACTIVE WORKSHOPS

All Workshops\*  
Early-Bird Rate HK\$3,000.00   
Individual Workshop\*  
WM2W1  WM2W2   
HK\$1,550.00

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

- Registration for the full course or individual symposium/workshop 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/workshop to be eligible for the early-bird rates.
- On-site registration will be acceptable for symposia at the normal rate.
- No registration to workshops will be accepted after the early-bird date.
- 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: [cowm2009@med.cuhk.edu.hk](mailto:cowm2009@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/workshop.
- 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.
- Acceptance of application is subject to availability.
- 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. Classes will resume if storm warning signal No. 8 or a Black Rainstorm Warning is lowered at or before 12:00noon.
- Personal data will only be used to promote activities related to care and education in diabetes, endocrinology and weight management.
- The application 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  
COWM 2009  
Hong Kong Foundation For Research and Development in Diabetes  
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

FOR OFFICE USE ONLY

Registration no. \_\_\_\_\_  
Checked by : \_\_\_\_\_  
Date \_\_\_\_\_

