

# Application Form

## Paediatric Advanced Life Support Course 2011



Organised by  
**Hong Kong College of Paediatricians**  
**The Heart Institute for Children, Hope Children's Hospital, Illinois, USA**  
**Hong Kong Paediatric Nurses Association**

Name in English (in block letters) Dr/Mr/Ms \_\_\_\_\_  
Family name \_\_\_\_\_ Given name \_\_\_\_\_

Name in Chinese \_\_\_\_\_ Occupation \_\_\_\_\_ Rank \_\_\_\_\_

Dept / Ward \_\_\_\_\_ Hospital / Institution \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ (office) \_\_\_\_\_ (mobile) \_\_\_\_\_ (residence)

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

(Accessible **fax and email must** be filled in **CLEARLY** (please **print**) for notification of the result of your application.)

For **Fellow / Member / Associate\*** (delete as applicable) of the Hong Kong College of Paediatricians:  
Membership no. : \_\_\_\_\_

*My preferred course (please tick):*

PALS Provider Course I (11-12 October 2011), Course fee HK\$2,300 (Meals included) \_\_\_\_\_

PALS Provider Course II (13-14 October 2011), Course fee HK\$2,300 (Meals included) \_\_\_\_\_

(NB. The organizing committee reserves the right to allocate applicants to whichever of the provider course according to the availability of vacancies.)

Please send the completed application form with the course fees paid by cheque **by 8 August 2011** to:

Hong Kong College of Paediatricians  
Room 801, Hong Kong Academy of Medicine Jockey Club Building  
99 Wong Chuk Hang Road, Aberdeen, Hong Kong

Remarks:(1) Cheques should be made payable to “**Hong Kong College of Paediatricians**”. **Separate cheques are required.** Please write your name at the back of the cheque. Fees paid are not refundable on the applicant's own withdrawal from the course.

(2) **Successful applicants will be informed via email by 31 August 2011.**