## Update Series on Child Health 2017 Registration Form

Venue: Jordan Valley St. Joseph's Catholic Primary School (佐敦谷聖若瑟天主教小學)

Address: 80 Choi Ha Road, Kowloon (九龍彩霞道80號)

By MTR: Kowloon Bay Station Exit B (九龍灣港鐵站 B 出口)

Registration Fee: HKD 400 for all 6 sessions OR HKD 100 per session

Participant Name (Dr. /Prof. ): \_\_\_\_\_\_

Affiliation/ Institute:

Telephone no.: \_\_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please send the completed registration form to Ms. Meko Tsang with appropriate cheque.

\* Please make cheque payable to "Hong Kong Paediatric Nurses Association Ltd.".

\* Please mail the completed registration form and cheque to Ms. Meko Tsang

## (Mailing Address: Dom's Office, Rm 10, 9/F, F Block, Department of Paediatrics, Queen Elizabeth Hospital, 30 Gascoigne Road, Kowloon)

Enquiry: Ms. Meko Tsang (Tel: 5305 3594, E-mail: updateseries2017@gmail.com).

## Deadline: 22 April 2017

| No             | Name in Block Letters<br>(please provide clear spelling) | HKPS<br>/HKCoP<br>Member<br>Yes / No | Session |        |        |        |        |        |                 |
|----------------|--|--------------------------------------|---------|--------|--------|--------|--------|--------|-----------------|
|                |  |                                      | I       | I      | III    | IV     | V      | VI     | Amount<br>(HKD) |
|                |  |                                      | 29 Apr  | 20 May | 24 Jun | 22 Jul | 26 Aug | 16 Sep |                 |
| Sample         | Ms. Po Ping on   | Yes                                  | *       | ×      | *      | *      | *      | ×      | 400             |
| Sample         | Dr. CHAN On Tsun   | No                                   | ×       |        |        |        | ×      |        | 200             |
| 1              |  |                                      |         |        |        |        |        |        |                 |
| 2              |  |                                      |         |        |        |        |        |        |                 |
| 3              |  |                                      |         |        |        |        |        |        |                 |
| 4              |  |                                      |         |        |        |        |        |        |                 |
| 5              |  |                                      |         |        |        |        |        |        |                 |
| Total Payment: |  |                                      |         |        |        |        |        |        |                 |