



香港危重病護理學院
Hong Kong College of Critical Care Nursing (HKCCCN)

An Academy College of The Hong Kong Academy of Nursing (HKAN)

LG1, School of Nursing, PMH, 232 Lai King Hill Road, Lai Chi Kok, Kln, HK. Website: www.hkcccn.org E-mail: hkcccn@yahoo.com

Seminar / Course Application Form

IMPORTANT NOTES TO APPLICANTS:

1. The application form should be typed or legibly written and circle *as appropriate. The College will not process any incomplete application.
2. All information given in this form will be treated *STRICTLY CONFIDENTIAL*.
3. Upon completing the application form, please mail together with a crossed cheque (payable to “**Hong Kong College of Critical Care Nursing Limited**”) to HKCCCN, LG1, School of Nursing, PMH, 232 Lai King Hill Road, Lai Chi Kok, Kowloon, Hong Kong. Please specify “Seminar / Course Application” on the envelope.
4. Priority will be given to members and on a first-come-first served basis.
5. No reply implied acceptance and applicant can attend the seminar / course on the due date. The application fee will not be refunded if the applicant fails to attend the seminar / course.
6. Receipt will be issued on the day of seminar / course.

Details of Applicant

Name of Seminar / Course: _____

Date of Seminar / Course: _____

Name: * Ms./ Mr./ Mrs./Dr. /Prof. _____

Name in Chinese: _____ Sex: * F / M

Job Title and Institution: _____

Contact: Mobile Phone _____ Office Tel. No.: _____

Email Address: _____

*Full Member / Associate Member / Non-member Membership No. _____

Cheque / Bank Draft No. _____

Signature of Applicant: _____ Date: _____

FOR OFFICE USE

Application is accepted

Application is not accepted

Signature: _____ Date: _____