



香港危重病學護士協會有限公司

Hong Kong Association of Critical Care Nurses Limited

Seminar / Course Application Form

報名表格

Application details 報名細則

1. Upon completing the application form, please mail together with a crossed cheque (payable to “Hong Kong Association of Critical Care Nurses Limited”) to HKACCN, Rm 501, 5/F, Great Smart Tower, 230 Wan Chai Road, Hong Kong. Please specify “Seminar / Course Application” on the envelope.
填妥表格後，請連同報名費用（請用劃線支票及註明收款人爲「香港危重病學護士協會有限公司」）寄香港灣仔灣仔道230號佳誠大廈5樓501室「香港危重病學護士協會有限公司」收。信封面請註明「研討會/課程報名」。
2. Priority will be given to members and on a first-come-first served basis.
會員會優先被取錄，但以先到先得及以額滿即止爲原則。
3. **No reply implies 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.**
申請被接納，不再另行通知，請出席該研討會 / 課程。缺席者所繳交之費用將不獲退還。
4. Receipt will be issued on the day of seminar / course
收據將會在研討會 / 課程當日派發。

Details of applicant 報名者填報資料

| | | |
|---|--------------------|----------------------------------|
| Name of Seminar / Course 報名研討會/課程名稱 | | Date of Seminar / Course 舉辦日期 |
| Name in Chinese 中文姓名 | | Name in English 英文姓名 |
| Present Working Department / Organization 現在任職機構及部門 | | Position 職位 |
| Telephone No 電話號碼 | | Email Address 電郵 |
| * Members / Non-member 會員 / 非會員 | Membership No 會員號碼 | Cheque / Bank Draft No 支票 / 本票號碼 |

- Please delete the inappropriate. 請刪去不適用者。

Signature 報名者簽署: _____ Date 填報日期: _____

Please note 請注意：

- ◇ Faxed application will not be accepted. Use one application form for one seminar/course. Each seminar / course must be accompanied by a separate cheque.
傳真申請不會受理。每張申請表只可申請一個研討會 / 課程及附上一張應繳費用的支票。
- ◇ Please use separate cheque for membership fee.
入會申請，請另附支票。

5/f Room 501, Great Smart Tower, 230, Wan Chai Road, Wan Chai, Hong Kong

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