

HONG KONG COLLEGE OF RADIOLOGISTS

Registration Form

Fellowship Intermediate Training Course (Radiology)

Course Period: Oct 2008 - Jan 2009

Registration No.: _____
(for official use)

To: College Secretariat
Hong Kong College of Radiologists
Room 909, 9/F
Hong Kong Academy of Medicine
Jockey Club Building
99 Wong Chuk Hang Road
Aberdeen, Hong Kong
Tel: 2871 8788 Fax : 2554 0739

Personal Particulars:

Name: _____
(Block Letters)

Department & Institution: _____

Year of commencement of recognized radiology training: _____

Correspondence Address: _____

Telephone (Office): _____ Pager: _____ E-mail: _____

A cheque for the Registration Fee of HK\$1,500 payable to "Hong Kong College of Radiologists" is enclosed*.

Signature: _____

Date: _____

* Application for refund of whole or part of registration will not be entertained after the course has commenced on 25 October 2008.