

HONG KONG COLLEGE OF UROLOGICAL NURSING Limited

INAUGURAL MEETING

Registration for Inaugural Meeting

Title _____ Job Title / Rank _____

Surname _____ Given Name(s) _____

I would like to register for the Inaugural Meeting as:

(Please tick as appropriate)

Member *Please fill in **Part 2** of this sheet, proceed to fill in the attached **Membership Application Form**, and return both together with * **\$150 (Full Member)** / **\$100 (Associate Member)** for Annual Subscription.*

Non-Member *Please fill in **Part 1** & **Part 2** of this sheet and return with \$300 for Registration Fee.*

Part 1

Name in Chinese _____ Sex _____

Date of Birth _____ Place of Birth _____

Home Address _____

Tel No. _____ Fax No. _____ Email Address _____

Current Practice: * University / Hospital Authority / Private Hospital / _____

Work Address _____

Tel No. _____ Fax No. _____ Email Address _____

Address for correspondence: * Home / Work

I enclose herewith a crossed cheque for \$300 payable to “Hong Kong College of Urological Nursing Limited”, for payment of Registration Fee.

Date _____ Signature _____

Part 2

I * shall / shall not join the lunch at the Inaugural Meeting.

* *Please delete as appropriate.*

Please return this form to Ms LI Miu Ling, c/o Lithotripsy Centre, G/F, Prince of Wales Hospital, Sha Tin, New Territories, Hong Kong.

We will only inform you if your application is not successful.