



RESEARCH SEMINARS 2010



Scientific Affairs Committee Hong Kong College of Emergency Medicine & Accident and Emergency Medicine Academic Unit, The Chinese University of Hong Kong

Enrolment Form

Name: _____

Department: _____ Hospital: _____

Rank: RT RS MO MO(S) SMO/AC Consultant

Status: HKCEM Fellow Higher Trainee Basic Trainee

Mobile No / Pager No: _____ Email: _____

Car Plate No: _____

Previous research experience: (including any publications):

Research plan if any:

Endorsement by department head: (for permission to carry out research in the department)

Signature and Name of COS

Signature of applicant

Please return the completed application form with a cheque of HK\$2,890.00 made payable to "Hong Kong College of Emergency Medicine" and send it back to Ms Cherry Kwok, Room 809, 8/F, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong on or before 4-Nov-2010 (Thu).