

**CUHK Certificate/Diploma Program in
Vascular and Interventional Radiology
Registration Form**

Please type or print in block letters and tick (✓) when appropriate

Title: Dr Mr Mrs Ms HKID Number: _____

Surname: _____ Given Name: _____

Chinese Name: _____ Age: _____ Gender: _____

Mailing Address: _____

Qualification (Date/University): _____

Institution/Hospital: _____

Post: _____ Rank: _____

Tel: _____ Fax: _____ Email: _____

I wish to register for the following program (please put a tick in the box)

| | 2 Year Diploma Program | 1 Year Certificate Program |
|----------------------------|--------------------------------------|--------------------------------------|
| Medical | <input type="checkbox"/> HK\$ 74,000 | <input type="checkbox"/> HK\$ 37,000 |
| Paramedical/Nursing | <input type="checkbox"/> HK\$ 44,000 | <input type="checkbox"/> HK\$ 22,000 |

Payment Declaration

I enclose a cheque of HK\$ payable to "The Chinese University of Hong Kong"

Cheque No: _____ Bank: _____

Signature: _____ Date: _____

Please complete the registration form, copies of degree certificates and a passport size of recent photo returning it with appropriate payment to "Diploma/Certificate Programme in Vascular and Interventional Radiology" Program Secretariat at the following address by post.

Room 27024, G/F, Department of Imaging and Interventional Radiology, Prince of Wales Hospital, 30-32 Ngan Shing Street, Shatin, N.T., Hong Kong

Enquiry

Tel: 3505 3212 Email: teddychoi@cuhk.edu.hk

Important Note:

1. Registration form received without registration fee will not be processed
2. Cancellation Policy 50% refund if written cancellation is received one month before commencement of the program

All cancellation must be made in writing to the program secretariat. Refund will be made with 2 months after cancellation received.