

**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\$ 70,000	<input type="checkbox"/> HK\$ 35,000
Paramedical/Nursing	<input type="checkbox"/> HK\$ 40,000	<input type="checkbox"/> HK\$ 20,000

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 and return it with appropriate payment to "Diploma/Certificate in Vascular and Interventional Radiology" Program Secretariat at the following address by post.

Room 27025, G/F, Department of Imaging and Interventional Radiology, Prince of Wales Hospital,
30-32 Ngan Shing Street, Shatin, N.T., Hong Kong

Enquiry

Tel: 2632 2046 Email: radiology@med.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 programme secretariat. Refund will be made within 2 months after cancellation received.