



香港社會醫學學院
HONG KONG COLLEGE OF COMMUNITY MEDICINE
founder College of the Hong Kong Academy of Medicine
Incorporated with limited liability



REGISTRATION FORM

To: Secretariat
Hong Kong College of Community Medicine
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Aberdeen, Hong Kong
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Conjoint Intensive Course on Part I Fellowship Examination in Public Health Medicine and Administrative Medicine

Name: Prof / Dr / Mr / Mrs / Ms _____

Institution: _____

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Please enclose a cheque of HK\$6,000 payable to "Hong Kong College of Community Medicine"

Signature: _____ Date: _____