



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

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Workshop for Trainees and Trainers in Public Health Medicine on 20 November 2009

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

Institution: _____

Position: _____

Office Telephone / Mobile Phone: _____

E-mail Address: _____

Fax: _____

Signature: _____ Date: _____