

HL7 Professional Training Course: Gateway to Territory Wide eHR

Application Form

Personal Details	
Name: _____	(English Full Name) _____ (Chinese Name)
Title: _____	Company / Organization: _____
Contact No.: _____	Email: _____
Membership	
<i>Please tick in appropriate box</i>	
<input type="checkbox"/> HL7 Hong Kong Member	<input type="checkbox"/> Non-member
Payment Methods	
<input type="checkbox"/> Direct Transfer to the HL7 Hong Kong Limited Bank Account: - Beneficiary Bank: OCBC Wing Hang Bank Limited, Hong Kong Branch - Swift Code: WIHBHKHH - Beneficiary: HL7 Hong Kong Limited - A/C No.: 379800-001 <i>Please mail the original bank pay-in-slip together with this form to HL7 Hong Kong Limited.</i>	
<input type="checkbox"/> Crossed Cheque: Cheque No:	
<u>Remarks</u> - <i>Please make your cheque payable to "HL7 Hong Kong Limited" and mail together with this form for an official receipt.</i> - <i>Deadline for Payment: 1 Dec 2015 (12nn)</i>	

Registration: Please fill in the form and email to info@hl7.org.hk

Enquiry: Enquiry: 3488 3762 (Hotline) / info@hl7.org.hk

HL7 Hong Kong Limited

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