



Advanced Wound Care Workshop (14th Aug 2018 & 21st Aug 2018)

Application Form

Part A – Personal Particulars

Surname		Given Name	
Hospital / Institution		Specialty	
Position			
Mailing Address			
Tel No. (Office)		(Mobile)	
Email		Fax No.	

Part B – Detail of Payment (please tick the appropriate box)

Detail of Payment: To “NU PRO (Asia) Ltd.”

Total Amount: HK\$

By Cheque Cheque No: _____ Name of bank: _____

By ATM **Hang Seng Bank, Account number: 239-716533-001**

Part C – Other Information

1. **Post the Crossed Cheque AND the Application Form** to “Nu Pro (Asia) Ltd.” at
Rm. 1104 – 05, 11/F, Capitol Centre, 5-19 Jardine’s Bazaar, Causeway Bay, Hong Kong
OR Fax the ATM Receipt AND the Application Form at 2890-2713
OR WhatsApp the ATM Receipt AND the Application Form to 5520-3616.

2. Applicants will be notified of the application result by email.

For enquiries, please contact:

Nu Pro Nurse Centre

Ms. Cathy Leung

Tel: (852) 2273-8223 WhatsApp: (852) 5520-3616 Fax: (852) 2890-2713 Email: cathyleung@nupro-asia.com

Notes For Enrollment

- 1/ Registration fee is not refundable unless the enrolled course is full or cancelled.
- 2/ Payment must be received by us on or before the application deadline (two days before date of each workshop).
- 3/ The Organizers reserve the right to make alteration regarding seminar schedule, venue and content if necessary.
- 4/ The personal data provided on the Application Form is used for purposes related to the processing of registration and delivery of information. You have the right to access and correct personal data according to section 18 and 22 of the Personal Data (Privacy) Ordinance. Enquiries or correction should be assessed through Nu Pro Nurse Centre.