

Hong Kong Society of Interventional Radiology Ltd.

2017 Training Course on Non-vascular Intervention Registration Form

Personal Information (Plea Name (English):	ise type o	r printj		
(Chinese):				
Gender:		F		
Institute:				
Correspondence Address:				
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Member of HKSIR		□Yes	□ No	
You must be HKSIR member the below: Application fo Renewal of H	r HKSIR M	lembership	ourse. Please tick one of	
Registration Fee				
Please return the completed made payable to the " The Ho Limited ", to Ms. Crystal Li Department of Radiology, Pan 3 Lok Man Road, Chai Wan, H	ong Kong S	Society of Interve	entional Radiology	
Signature:		Date:		
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