



# Hong Kong Association of Orthopaedic Nurses



## Clinical Update Nursing Course on Joint Replacement

(16 July– 6 August 2024)

### Application Form

*\*Pls delete inappropriate*

Name of Applicant: \* Mr / Ms / Miss \_\_\_\_\_

(in BLOCK LETTER)

Chinese Name: \_\_\_\_\_

HKAON Membership No.: \_\_\_\_\_

Present Working Place:

Hospital: \_\_\_\_\_ Department: \_\_\_\_\_ Ward: \_\_\_\_\_

Rank: \_\_\_\_\_

Correspondence Address:

\_\_\_\_\_

Contact Tel. No.: (1) \_\_\_\_\_ (2) \_\_\_\_\_

E-mail Address (Non HA-Email): \_\_\_\_\_

\_\_\_\_\_

#### Payment Declaration:

I enclose a cheque of Member: **HK\$ 2,500**

payable to “**Hong Kong Association of Orthopaedic Nurses Limited**”

Cheque No.: \_\_\_\_\_ Bank: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Important Notes:

- Please mail the completed course application form & HKAON membership application form (if any) together with a crossed cheque to:
  - **Ward 5C, 5/F, Pok Oi Hospital, Au Tau, Yuen Long, New Territories**
  - **(Attn: Ms. Chan Hoi Yan) Individual cheque** is required for **EACH** course application.
- **Separate cheque** is required for **HKAON membership fee**.
- **Please write down your “Name and Contact Number” at the back of the cheque**
- Application is first-come-first-served (priority will be given to HKAON member); deadline is **16 June 2024**.
- Result will be notified individually via email on/before **2 July 2024**.
- Application form received without payment will **NOT** be processed.

For enquiry, please send email to **Ms. Chan Hoi Yan** at **chy760@ha.org.hk** or phone contact **Ms. Chan Hoi Yan (24686147)** in office hour (Monday to Friday 0900-1700 except SH/PH)