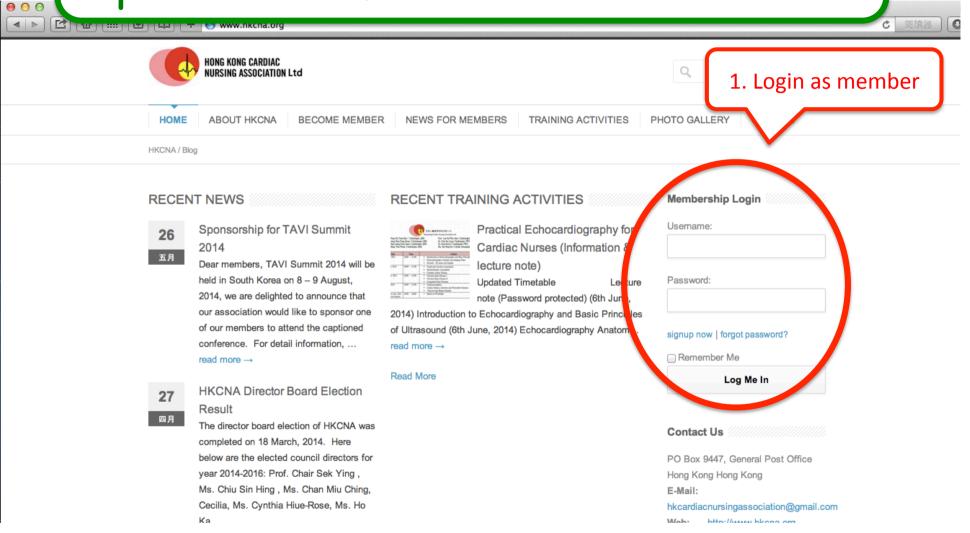
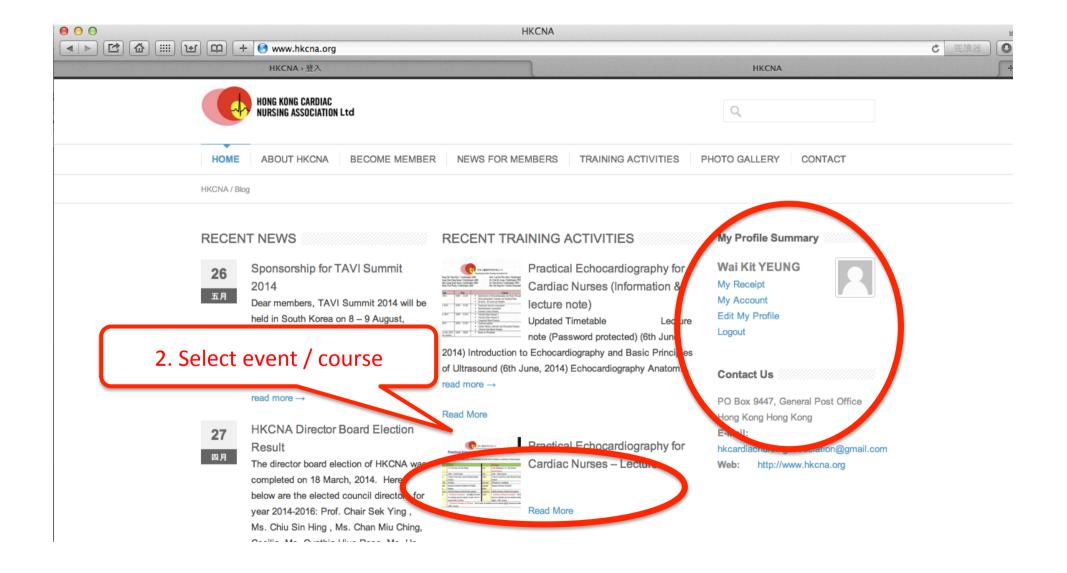
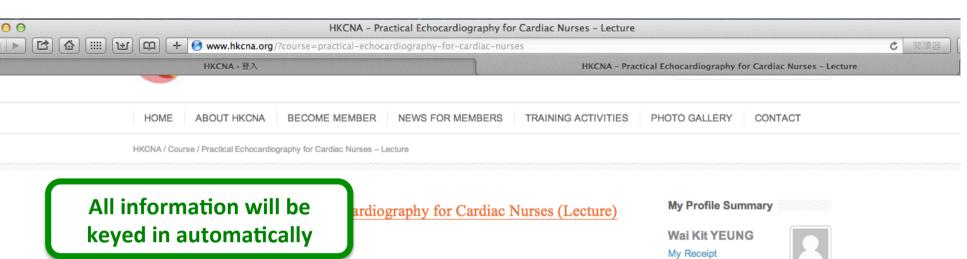
(Free) Event / course application procedure for HKCNA members







Practical Echocardiography For Cardiac Nurses (Lecture)

ou can use the following form for booking course.			
Name姓名*	yeungwaikit		
Chinese 中文姓名*	楊偉傑		
Sex性别*	• 男	○女	
Hospital / Department 醫院名 稱 / 部門*	Prince of Wales Hospital		
Jo_ Title:職位:*	APN		

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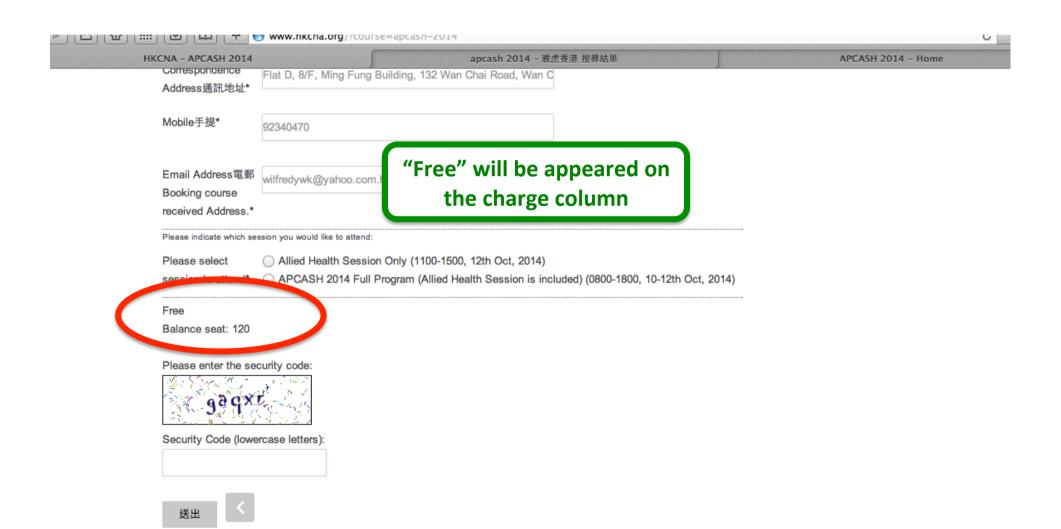


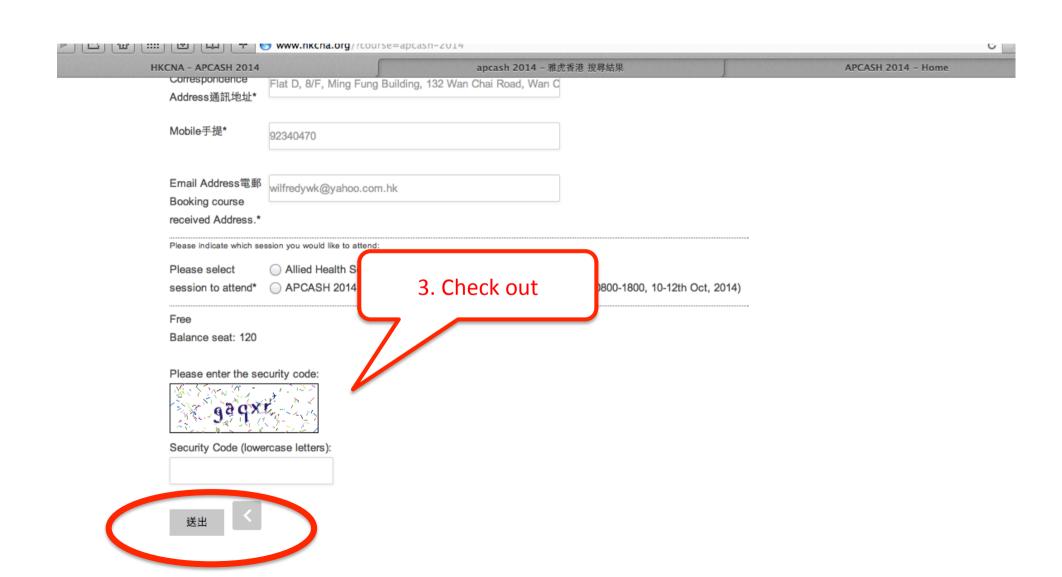
Contact Us

PO Box 9447, General Post Office Hong Kong Hong Kong E-Mail:

hkcardiacnursingassociation@gmail.com

http://www.hkcna.org





Confirmation of course/program application





hkcardiacnursingassociation@gmail.com 新增至連絡人 9/5/2014 | >

收件者: wilfredyeung821@hotmail.com ♥

Dear applicant:

Thank you for your interest in the captioned program arranged by HKCNA. Your application was successful and the details are as follows:

Program: Course 1

Name of applicant: yeung wai kit

Mobile: 92340470

Please print out the official receipt from "my receipt" in your HKCNA account and bring it along on the day of program / course.

Regards,

Hong Kong Cardiac Nursing Association Ltd.

A confirmation email will be sent to your registered email account