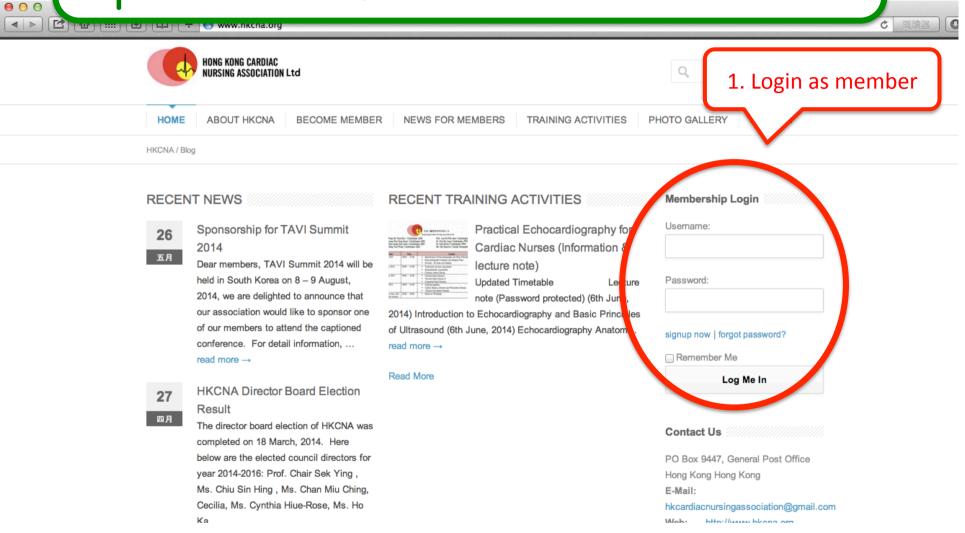
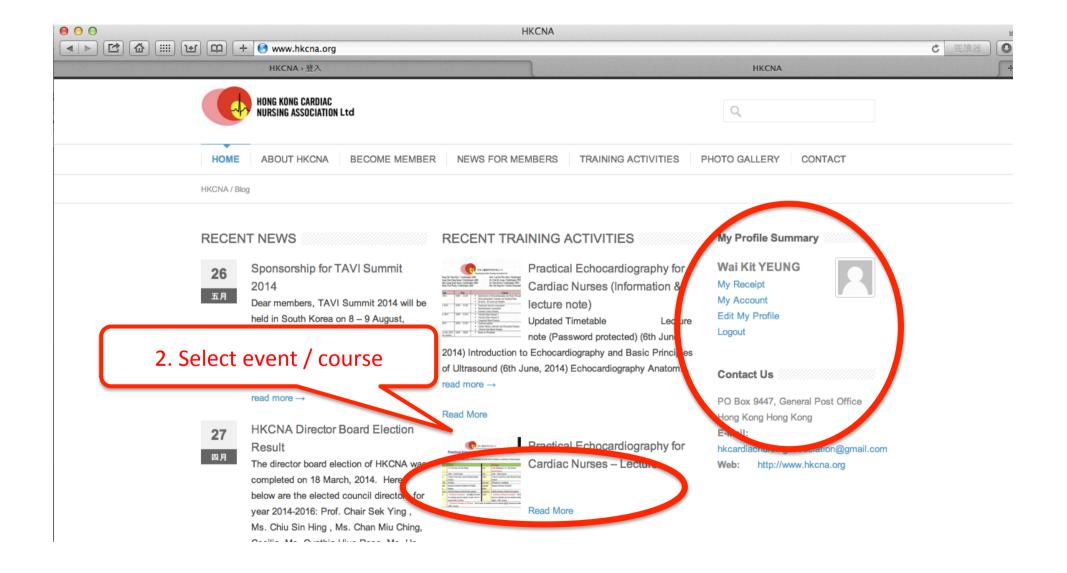
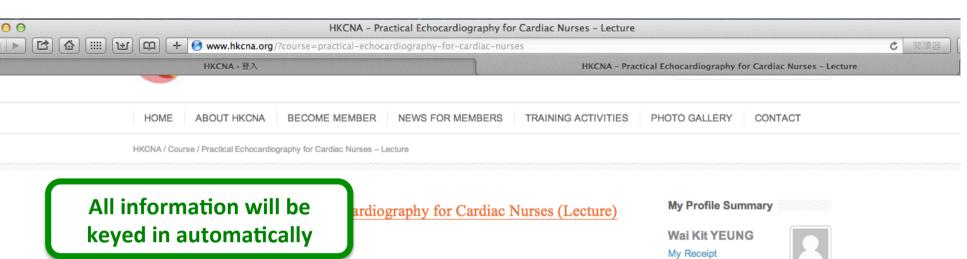
Event / course application procedure for HKCNA members







Practical Echocardiography For Cardiac Nurses (Lecture)

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

My Account Edit My Profile Logout

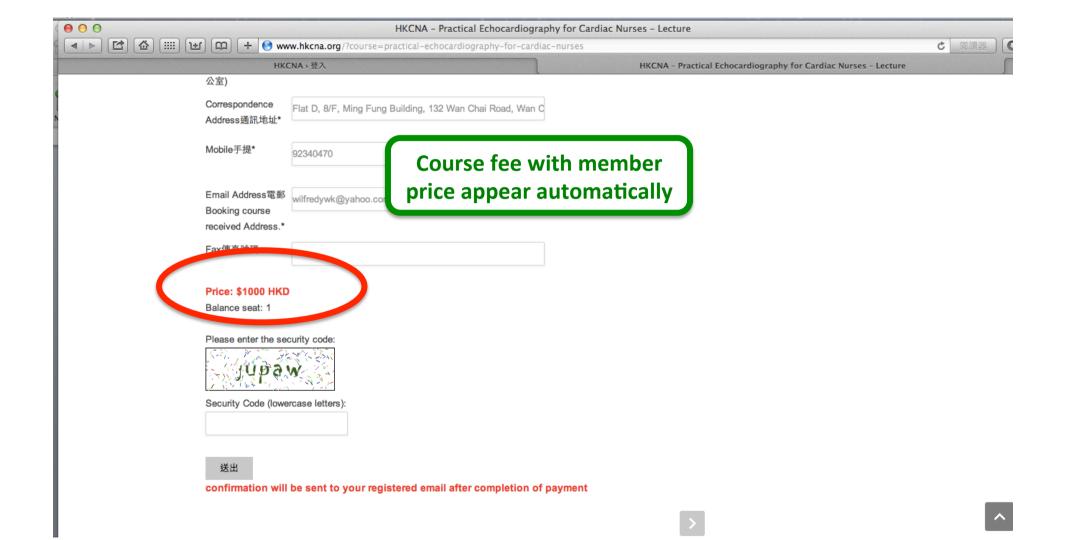


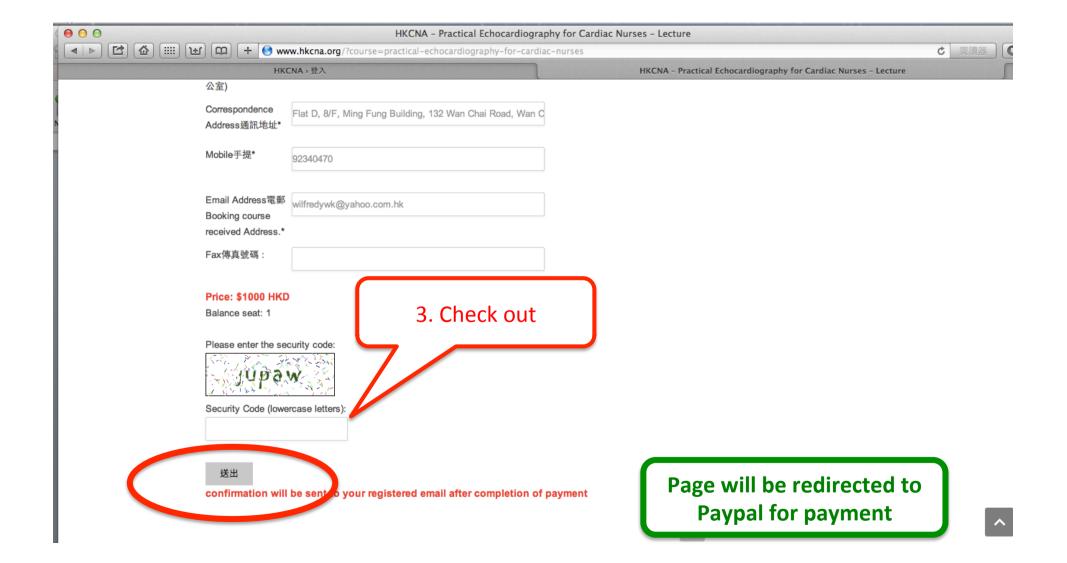
Contact Us

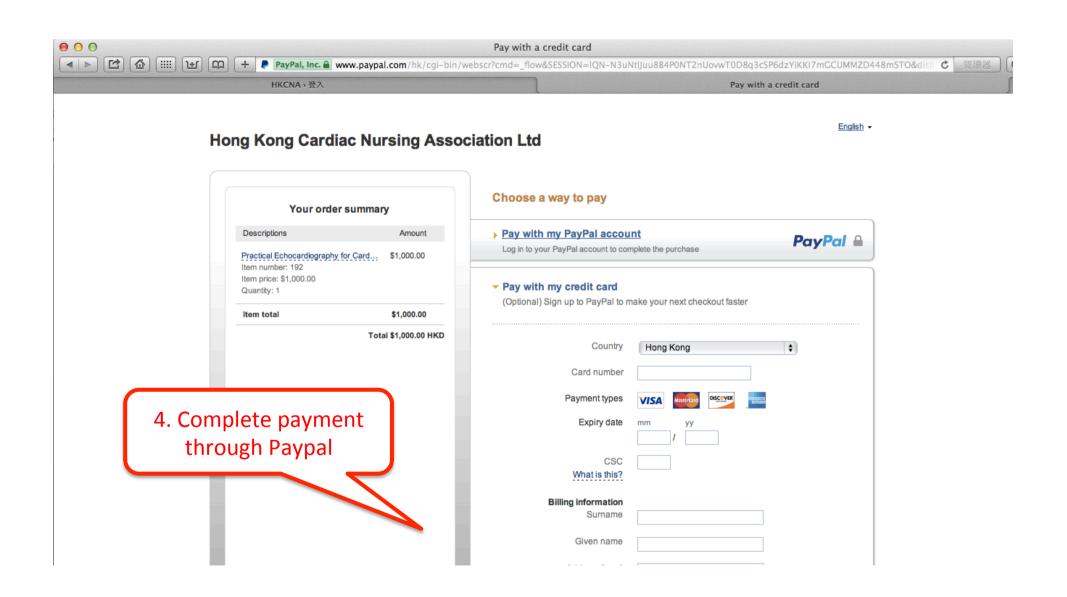
PO Box 9447, General Post Office Hong Kong Hong Kong E-Mail:

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

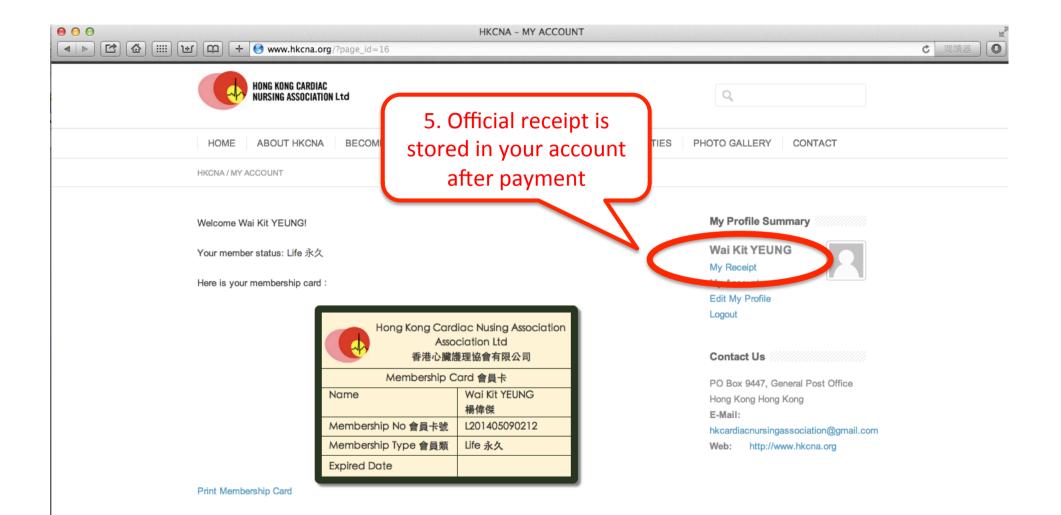
Mobile: 92340470

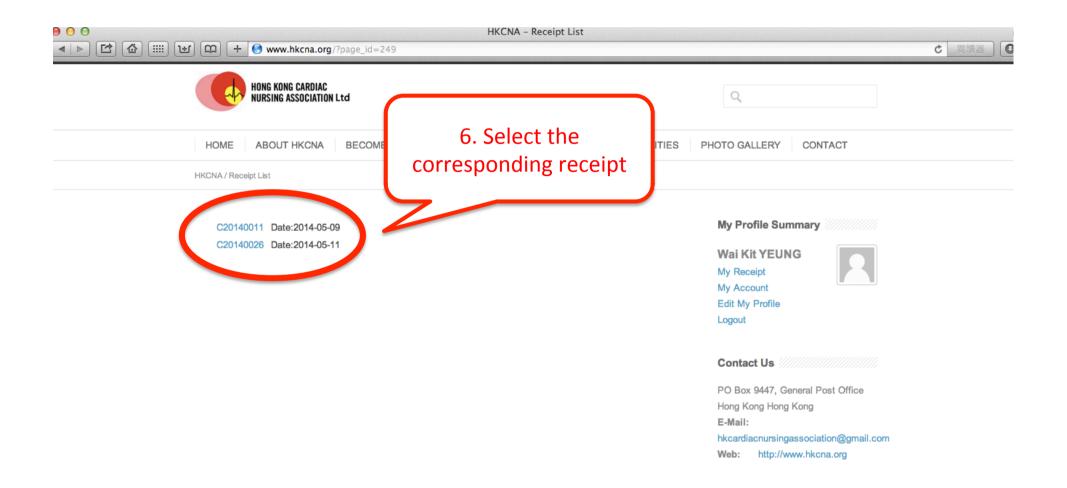
Please print out the official receipt from "my receipt" in your HKCNA account and bring it along on the day of program / course.

Regards,

Hong Kong Cardiac Nursing Association Ltd.

A confirmation email will be sent to your registered email account







HKCNA / Receipt List



PO Box: 9447, General Post Office Hong Kong Hong Kong Mail:hkcardiacnursingassociation@gmail.com

Receipt No: C20140026

Date: 2014-05-11

Official Receipt

This is to acknowledge receipt from Wai Kit YEUNG, the sum of Hong Kong Dollars 200.00. in payment of Practical Echocardiography for Cardiac Nurses (workshop)



7. Print out the receipt for reference

Ms. Tong Fong Hing

Treasurer, Hong Kong Cardiac Nursing Association Ltd

Hong Kong Cardiac Nursing Assa jation Ltd

Print Receipt

My Profile Summary

Wai Kit YEUNG

My Receipt My Account Edit My Profile Logout



Contact Us

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E-Mail:

hkcardiacnursingassociation@gmail.com

Web: http://www.hkcna.org