



PRIVATE HOSPITAL OPERATING THEATRE ORGANIZATION

PHOTO Endo Course 2018 Registration Form

Full Name : (In English) Surname _____ **First name** _____
(in Block Letter)
(In Chinese) _____

Gender : M F **Date of Birth (DD/MM/YYYY) :** _____

Hospital/ Institution: _____ **Department :** _____
Position : _____
Nominated by : _____ **(Name of Hospital)**

Healthcare Working Experience : 0-2 years 3-5 years 6-10 years above 10 years

PHOTO member: Yes (membership No. : _____) No

Contact Number : (Daytime) : _____ **(Mobile) :** _____ **Fax :** _____

E-mail (Compulsory): _____

Mailing Address :

Name of course:

Time Period of course:

Do you obtain this course information from your representative: Yes No

Application Method :

Please make a cheque payable to “**Private Hospital Operating Theatre Organization Limited**”, write down your name and course name at the back of cheque with your Registration Form and submit to your hospital PHOTO representative(s) (referring to page 2) **on or before 5 March 2018**

Enquiry:

For enquiry, please do not hesitate to contact PHOTO Secretariat by email (photosec@hkphoto.org.hk).



PRIVATE HOSPITAL OPERATING THEATRE ORGANIZATION

PHOTO Representative List

For further information, please contact your hospital PHOTO representative:

Canossa Hospital (Caritas)	Ms. Salina Ho
Evangel Hospital	Ms. Heidi Lam
Gleneagles Hospital	Mr. Kam Tat Yan Deyoung
Hong Kong Adventist Hospital – Stubbs Road	Mr. Andrew Tam
Hong Kong Adventist Hospital – Tsuen Wan	Ms. Berni Lee
Hong Kong Baptist Hospital	Ms. Au Yee Kwan
Hong Kong Sanatorium & Hospital	Ms. Betty Li
Matilda International Hospital	Ms. Kit Tse
Precious Blood Hospital (Caritas)	Ms. Fiona Cheung
St. Paul's Hospital	Ms. Ivy Wong
St. Teresa's Hospital	Ms. Lai Hang Lin
Union Hospital	Ms. Fong Sau Man