| HKIMLS | 香港醫務化驗學會品質保證計劃有限公司 Hong Kong Institute of Medical Laboratory Sciences |
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| QAP | Quality Assurance Programme Ltd. (Founded 1990) Flat 1711, 17/F, Block C, Bell House, 525 - 543 Nathan Road, Yaumatei, Kowloon, Hong Kong PO Box 70094, Kowloon Central Post Office, Hong Kong. Website: http://hkimlsqap.org Phone: (852) 2499 0015 Fax: (852) 2124 2798 Email: info@hkimlsqap.org REGISTRATION FORM |

| Name of Institution : | | | | | |
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| Address: | | | | | |
| Responsible Person: | (Dr. / Mr. / Mrs./Mis | ss) | | | |
| Telephone Number: | | Facsimile Num | Facsimile Number: | | |
| Email Address: | | | | | |
| Specialty: | | Registration Period | Subscription Fee | Amounts | |

| Specialty: | Registration Period | Subscription Fee (HK\$) | Amounts (HK\$) |
|--------------------|---------------------|----------------------------|-------------------|
| Clinical Chemistry | Janury to December | 2200 | |

Please complete and return the registration form to 'Hong Kong Institute of Medical Laboratory Sciences Quality Assurance Programme Ltd.' Flat 1711, 17/F, Block C, Bell House, 525-543 Nathan Road, Yaumatei, Kowloon, Hong Kong.

Date

Authroised Signature / Chop

Information and Instructions

1. Subscription:

- Subscription is non-refundable. a.
- b. Automatic renewal will be carried out in October of each year.
- Withdrawal in the following year should be notified in writing before 1st of October c.
- d. Change of subscription rate will be notified in advance.
- 2. Payment:

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3. Registration:

To avoid delays in postal delivery and records handling, registration at least six weeks before the commencement date of the REGISTRATION PERIOD is recommended.