



Hong Kong Institute of Medical Laboratory Sciences
Quality Assurance Programme Ltd
and
The Hong Kong College of Pathologists



REGISTRATION FORM

Registrant : (Please print in BLOCK letters.)

Name of Institution : _____

Address : _____

Responsible Person : (Dr./Mr./Mrs./Miss) _____

Telephone Number : _____ Facsimile Number : _____

Email address : _____

Specialty : (Please mark with a "tick".)	Period	Subscription Fee (HK\$)	Amount (HK\$)
<input type="checkbox"/> JQAP in Clinical Microbiology	Yearly Quarterly	900.00 _____ x 300.00	
<input type="checkbox"/> Interpretative QAP in Haematology	Yearly Quarterly	2,200.00 _____ x 750.00	
Total :			

Registration Period : (Please mark ONE only.)

- February
 May
 August
 November
- to December of year 20 _____

Date

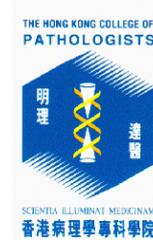
Authorized Signature/Chop

N.B. Please refer to the notes overleaf. Complete and return the original copy 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.

ORIGINAL



**Hong Kong Institute of Medical Laboratory Sciences
Quality Assurance Programme Ltd
and
The Hong Kong College of Pathologists**



REGISTRATION FORM

Registrant : (Please print in BLOCK letters.)

Name of Institution : _____

Address : _____

Responsible Person : (Dr./Mr./Mrs./Miss) _____

Telephone Number : _____ Facsimile Number : _____

Email address : _____

Specialty : (Please mark with a "tick".)	Period	Subscription Fee (HK\$)	Amount (HK\$)
<input type="checkbox"/> JQAP in Clinical Microbiology	Yearly Quarterly	900.00 _____ x 300.00	
<input type="checkbox"/> Interpretative QAP in Haematology	Yearly Quarterly	2,200.00 _____ x 750.00	
Total :			

Registration Period : (Please mark ONE only.)

- February
 May
 August
 November
- to December of year 20_____

Date

Authorized Signature/Chop

N.B. Please refer to the notes overleaf. Complete and return the original copy 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.



Hong Kong Institute of Medical Laboratory Sciences
Quality Assurance Programme Ltd
and
The Hong Kong College of Pathologists



REGISTRATION FORM

Information and Instructions

1. Subscription : Subscription is non-refundable.

Automatic renewal will be carried out in November of each year. Withdrawal in the following year should be notified in writing before 1st November.

Change of subscription rate will be notified in advance.
2. Payment : The subscription must be made payable to “Hong Kong Institute of Medical Laboratory Sciences Quality Assurance Programme Ltd.” in Hong Kong Dollars by a bank draft or crossed cheque.

Payment should be accompanied with the ORIGINAL registration form.

Registration will not be confirmed until the subscription is received in FULL.
3. Early Registration : To avoid delays in postal delivery and records handling, registration at least one month before the commencement date of the REGISTRATION PERIOD is recommended.

ORIGINAL