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**Course Application Form**

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| **Name of applicant**  **(in English )** |  |
| **Name of applicant**  **(in Chinese )** |  |
| **Occupation** |  |
| **Working institution** |  |
| **Contact address** |  |
| **Email address** |  |
| **Telephone no** |  |
| **Course reference no** | SI 20170610 |
| **Cheque no. &**  **name of Bank** |  |
| **Date** |  |

**Please send the application form to**

**701, 7/F, Austin Plaza, 83, Austin Road, Kowloon**

**with a crossed cheque payable to AIMS INTEGRATED MEDICAL CENTRE LTD**

**Successful applicant will be contacted individually by email/phone.**

**For further enquiry, please contact Tel.23928832**

**or email: aimsintmed@gmail.com**

**Our centre reserves the right to cancel the course and full refund will be arranged.**