

## APPLICATION FORM

### **Fellowship Examination of the Hong Kong Society of Sleep Medicine (28 Nov 2015)**

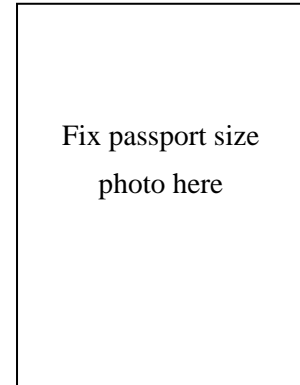
**1. Personal details (in block letter):**

Name (English): \_\_\_\_\_

Name (Chinese): \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_



**2. Professional qualifications:**

Fellow of \_\_\_\_\_ since \_\_\_\_\_

Specialist registration number under Hong Kong Medical/Dental Council: \_\_\_\_\_

**3. Relevant working experiences in sleep medicine (3 years minimum):**

Hospital / Centre	From:	To:

**4. I wish to participate in**

The Sleep Medicine Examination on 28 Nov 2015 (Examination fee HKD3000)\*

The Sleep Medicine Review Course on 15-17 Oct 2015 (Course fee HKD4000)\*

\* Cheque should be payable to "The Hong Kong Society of Sleep Medicine Limited"

*Please send your application form and cheque payment to Dr Lee Derek, Department of TB & Chest, Wong Tai Sin Hospital, Kowloon.*

**5. I declare that I have been a member of the Hong Kong Society of Sleep Medicine for at least 3 years and being an active member for at least 1 year.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date