



Basic Angiography Course 2012

Application Form

Name: (English) _____ (Chinese) _____

Institute: _____

Address: _____

Tel No.: _____ Fax No.: _____

E-mail Address: _____

If you are not yet a member of HKSIR, do you want to join now? Yes

Personal Information Collection Statement

1. The information provided by me will be used for purposes relating to the application for membership registration.
2. The Hong Kong Society of Interventional Radiology Ltd. may give all or some of the information to other parties authorized by law to receive it.
3. Subject to exemptions under the Personal Data (Privacy) Ordinance, I have a right of access and correction with respect to personal data.
4. The personal data provided by means of this form shall be used by the Hong Kong Society of Interventional Radiology Ltd. for processing of my application and to facilitate communication between the Hong Kong Society of Interventional Radiology Ltd. and myself.
- 5. Further, I hereby *consent* do not consent to the release of my personal correspondence with the Hong Kong Society of Interventional Radiology Ltd. to other Interventional Radiology related bodies.**

Signature

Date

Please return the completed application form, together with a crossed cheque of HK\$500 made payable to the "The Hong Kong Society of Interventional Radiology Limited", to "Ms. H Y Ng, c/o Department of Radiology, Kwong Wah Hospital, 25 Waterloo Road, Kowloon"

For official use only:

Cheque No.: _____ Receipt No.: _____