



PHOTO Course Certificate Reprint Application Form

Member Information:

Full name:

(In English) Surname _____ First name _____, (In Block Letter)

(In Chinese) _____

Hospital / Institution: _____ Department: _____

Position: _____

PHOTO member: Yes (member no:) No.

Contact Number: (Daytime) _____ Mobile: _____ Fax: _____

E-mail: _____ Mailing Address: _____

Name of course attended: _____

Date of course attended: ____ / ____ / ____

The fee for a replacement copy of the certificate is

Please tick the appropriate box

HK\$200 – 1st application

HK\$400 - 2nd application

HK\$800 - 3rd application

**We do not accept any application for the date is longer than 3 years from the issue date of the original certificate.*

Application and payment method:

Please make a cheque payable to “Private Hospital Operating Theatre Organization”, write down your name at the back of the cheque with your application form and mail to the following address:

Ms. Clara Leung
 1/F Operating Theatre
 Hong Kong Adventist Hospital
 40, Stubbs Road,

Any enquire; please contact Ms. Clara Leung by, Tel; 28350510, Email address:
 clara.leung@hkah.org.hk

Cheque information:

Cheque issuing bank: _____ Cheque Number: _____

Other useful information:

For further information, please contact your hospital PHOTO representative:

Hospital	PHOTO representatives
Baptist Hospital	Lo Wai Yin
Canossa Hospital	Sister Yip, Virginia
Evangel Medical Centre	Wong Kwei Yau, Katie
HK Adventist Hospital	Leung Po Chun, Clara
HK Central Hospital	Anne Leung
HK Sanatorium Hospital	Chan Shiu Yung
Kiang Wu Hospital	Mou Sio Nei
Matilda International Hospital	Denny Fong
Precious Blood Hospital	Rowena Fan
St. Paul Hospital	Deyong Kam
St. Teresa Hospital	Yuen Lai Kuen, Margaret
TW Adventist Hospital	Simon Chan
Union Hospital	Tam Yee Mei, Clara

I certify that the information contained in this application is true, complete and correct to the best of my knowledge and is made in good faith.

SIGNATURE: _____

Date: ____ / ____ / ____