

Reply Slip

Attn: DERC, The SHPHK

(Fax no: 2958 6191)

<input type="checkbox"/> I am interested and I would like to be a speaker in drug education talks in the following areas of clinical topic. (Please specify:) _____
<input type="checkbox"/> I am interested as a drug counselor.
I would be available for activities that are held on: weekdays [<input type="checkbox"/>] / Saturday [<input type="checkbox"/>] / Sunday [<input type="checkbox"/>]
Please put a tick <input checked="" type="checkbox"/> inside [<input type="checkbox"/>] next to your option(s)

Name (in English) : _____

Name (in Chinese) : _____

Contact tel. no : (Mobile) _____
(Home) _____
(Office) _____

Email address : _____

Practice setting : Hospital Authority Pharmaceutical company
 Private hospital Educational institution
 Department of Health Others: please specify _____
 Community pharmacy _____
Please put a tick inside [] next to your option(s)

Office name & address : _____

HK registration no : _____