AIMS
Integrated Medical Centre
雅士綜合治療中心

Course Application Form

Name of applicant (in English)	
Name of applicant (in Chinese)	
Occupation	
Working institution	
Contact address	
Email address	
Telephone no	
Course reference no	Ac20191014 (Basic / Refresher)
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.

(CPD application in progress)