



COSMETIC MEDICINE WORKSHOP
Certificate Course on Advanced Cosmetic Medicine
This workshop is accredited as part of the
DIPLOMA OF COSMETIC MEDICINE
programme of the
Australasian College of Cosmetic Surgery
Registration Form

Surname: _____ First Name: _____

Contact Address: _____

Contact no. (office) _____ (Mobile) _____
(Fax) _____

Email: _____

Organization: _____

Taking examination at end of workshop?

Yes No (Please tick)

Payment Cheque no.: _____ of _____ Bank for HK\$ _____
(Payable to “Hong Kong Academy of Cosmetic Surgeons and Physicians Limited”)

Please list out 3 expectations from the workshop:

1. _____
2. _____
3. _____

*Please fill in the above registration form and return to us via mail, fax or email. **Payment can be made by mail (Address: MBH (HK) Company Limited, 10/F, Sino Cheer Plaza, 23 Jordan Road, Kowloon or in person), attention to Steven Yu.***

*For Inquires, please contact Dr. TO Chun Fung or Mr. Steven Yu at (Tel) 2191 6251,
(Email) mbh02@mbh.com.hk, (Fax) 35717636.*