

## Registration Form for EESW-PMP-2006 (Please fax to 2778-0032)

**Required Information:** (Every participant MUST provide either his/her email address or fax number.)

Last Name: ..... First Name: .....  Dr.  Mr.  Miss  Ms.  Mrs.  
 Organization: .....  
 Industry:  Private Medical Practitioner  IT Professional  Others: .....  
 Office Phone: ..... Fax: .....  
 Mobile Phone: ..... Email: .....

**Class Preferences:** (Please go to website [www.ehealth.org.hk/pmpworkshop/](http://www.ehealth.org.hk/pmpworkshop/) or contact us for course details.)

Preferred Lectures Location:

- HK (HKU SPACE, United Centre, Admiralty)  
 Kowloon (HKU SPACE, Austin Tower, Tsim Sha Tsui)

Preferred Skills Lab Date and Location:

- 20 July (Thursday) at 6:00-8:00pm in Kowloon (HKU SPACE, Austin Tower, Tsim Sha Tsui)  
 24 July (Monday) at 6:00-8:00pm in Hong Kong (HKU SPACE, United Centre, Admiralty)  
 27 July (Thursday) at 6:00-8:00pm in Kowloon (HKU SPACE, Austin Tower, Tsim Sha Tsui)  
 31 July (Monday) at 6:00-8:00pm in Hong Kong (HKU SPACE, United Centre, Admiralty)

### Optional Information:

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| <p>1. I hear about the course from:</p> <p><input type="checkbox"/> FMSHK<br/> <input type="checkbox"/> HKAM<br/> <input type="checkbox"/> HKDU<br/> <input type="checkbox"/> HKMA<br/> <input type="checkbox"/> word of mouth<br/> <input type="checkbox"/> Others: .....</p> <p>2. My clinic has a size of:</p> <p><input type="checkbox"/> 1-2 persons<br/> <input type="checkbox"/> 3-4 persons<br/> <input type="checkbox"/> 5-6 persons<br/> <input type="checkbox"/> Above 6 persons<br/> <input type="checkbox"/> N/A (I do not work in a clinic.)</p> <p>3. The number of medical practitioners in my clinic:</p> <p><input type="checkbox"/> 1-2 persons<br/> <input type="checkbox"/> 3-4 persons<br/> <input type="checkbox"/> Above 4 persons<br/> <input type="checkbox"/> N/A (I do not work in a clinic.)</p> | <p>4. I use a computer for work:</p> <p><input type="checkbox"/> at my office/workplace (go to Q5)<br/> <input type="checkbox"/> at home/outside my workplace (go to Q5)<br/> <input type="checkbox"/> I do not use a computer for work (go to Q6)</p> <p>5. I use a computer for work for:</p> <p><input type="checkbox"/> customer management (e.g. name and address)<br/> <input type="checkbox"/> patient medical records<br/> <input type="checkbox"/> billing and invoicing<br/> <input type="checkbox"/> issuing sick leave notes<br/> <input type="checkbox"/> purchasing (e.g. ordering x-rays)<br/> <input type="checkbox"/> drug inventory management<br/> <input type="checkbox"/> drug labeling<br/> <input type="checkbox"/> exchange of patients records<br/> <input type="checkbox"/> searching medical information<br/> <input type="checkbox"/> other purposes: .....</p> <p>6. My computer for work has access to the Internet.</p> <p><input type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> | <p>7. I <b>plan to</b> use a computer for work for:</p> <p><input type="checkbox"/> customer management (e.g. name and address)<br/> <input type="checkbox"/> patient medical records billing and invoicing<br/> <input type="checkbox"/> issuing sick leave notes<br/> <input type="checkbox"/> purchasing (e.g. ordering x-rays)<br/> <input type="checkbox"/> drug inventory management<br/> <input type="checkbox"/> drug labeling<br/> <input type="checkbox"/> exchange of patients records<br/> <input type="checkbox"/> searching medical information<br/> <input type="checkbox"/> other purposes: .....</p> <p>8. I <b>plan to</b> have my computer for work to have access to the Internet.</p> <p><input type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p>9. I <b>plan to</b> use a computer for work outside of my office:</p> <p><input type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p>10. I intend to carry out my plan:</p> <p><input type="checkbox"/> with the year<br/> <input type="checkbox"/> within next year<br/> <input type="checkbox"/> within the next two years<br/> <input type="checkbox"/> N/A (no definite plan made)</p> |
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Please fax back to 2778-0032. Registration is subject to the approval. Confirmation will be sent by email/fax. For enquiries, please call us at 2778-0040 or email us at [pmpworkshop@ehealth.org.hk](mailto:pmpworkshop@ehealth.org.hk). Thank you!