



香港護理學院
College of Nursing Hong Kong

CNHK Nursing Conference 2018

cum

55th Annual General Meeting

Nurses: A Voice to Lead, Achieving

the Sustainable Development Goals -

Good Health & Well-being

CNE point
pending

27th January 2018 (Sat)

2/F Crystal Ballroom, The Cityview, 23 Waterloo Road,

Hong Kong

Category	Early bird registration on or before 31/10/2017	Enrollment on or after 01/11/2017	Special Offer
Member	\$600 [#]	\$700 [#]	/
Student member			\$350* (Limited quota)
Non- member	\$1,000 [#] (FREE 1 year CNHK membership)** **applicable to non-members who are RN/EN or registered student studying at an accredited nursing training program in Hong Kong.		

*On first-come-first-served basis, applicable to Hong Kong nursing student member.

10% discount on registration fee for group enrolment for 5 or more (applicable to group registration only)

Enquiry 2572 9255
Website : www.cnhk.org.hk
Whatapps: 6975 3991

NURSES
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ACHIEVING THE SDGS



Lunch and light refreshments will be served

College of Nursing, Hong Kong
CNHK Nursing Conference 2018 - 27th January 2018 (Saturday)

ENROLMENT FORM

Prefix: Prof. Dr. Mr. Mrs. Ms. Others, please specify: _____

Family Name : _____ Given Name : _____

CNHK Member \$600# Early bird registration on or before 31/10/2017
(Full, associate member and student member) \$700# Enrollment on or after 1/11/2017
Membership No: _____ \$350* CNHK Student Member (Limited quota)

Non-Member \$1,000# (FREE 1 year CNHK membership)**

* On first-come-first-served basis, applicable to Hong Kong nursing student member

**Applicable to RN/EN or students studying an accredited nursing training program in Hong Kong

10% discount on registration fee for group enrolment for 5 or more (applicable to group registration only)

Address : _____

Working Organization : _____

Tel. No. : _____ Fax No. : _____ E-mail : _____

**Please send a cross cheque payable to "College of Nursing, Hong Kong" in person
or by post to Room A & C, 13/F, Hyde Centre, 223 Gloucester Road,
Wanchai, Hong Kong**

Terms and conditions:

1. The personal data are collected and kept for purposes of 2018 Nursing Conference registration. The personal data would be destroyed after the event.
2. You are entitled to be informed and correct any information that we keep of you. To access and correct any of your information, please address your request in writing to the Executive Officer, College of Nursing, Hong Kong, Room A & C, 13/F, Hyde Centre, 223 Gloucester Road, Wanchai, Hong Kong.
3. Official video recording or photo taking may be undertaken during the nursing conference. These videos and photos may be used for publicity purpose.
4. Seats are non-transferable and non-refundable.
5. I have read, understood and agreed with the above terms and conditions.

Signature of applicant: _____ Date: _____
Name: (_____)

College of Nursing, Hong Kong
CNHK Nursing Conference 2018 - 27th January 2018 (Saturday)

GROUP ENROLMENT FORM

Name of group coordinator : _____
 Working organization : _____
 Telephone No. : _____
 Email address : _____

	Name	Member (Life, Full, Associate and Student)	Non-member
1.		<input type="checkbox"/> \$600(Early bird*) <input type="checkbox"/> \$700 <input type="checkbox"/> Student \$350** Membership number: _____	<input type="checkbox"/> \$1,000 ***
2.		<input type="checkbox"/> \$600(Early bird*) <input type="checkbox"/> \$700 <input type="checkbox"/> Student \$350** Membership number: _____	<input type="checkbox"/> \$1,000 ***
3.		<input type="checkbox"/> \$600(Early bird*) <input type="checkbox"/> \$700 <input type="checkbox"/> Student \$350** Membership number: _____	<input type="checkbox"/> \$1,000 ***
4.		<input type="checkbox"/> \$600(Early bird*) <input type="checkbox"/> \$700 <input type="checkbox"/> Student \$350** Membership number: _____	<input type="checkbox"/> \$1,000 ***
5. #		<input type="checkbox"/> \$600(Early bird*) <input type="checkbox"/> \$700 <input type="checkbox"/> Student \$350** Membership number: _____	<input type="checkbox"/> \$1,000 ***
6. #		<input type="checkbox"/> \$600(Early bird*) <input type="checkbox"/> \$700 <input type="checkbox"/> Student \$350** Membership number: _____	<input type="checkbox"/> \$1,000 ***
# 10% discount on registration fee for group enrolment for 5 or more			Total amount:

* Early bird registration on or before 31/10/2017

** Limited quota, on first-come-first-served basis, applicable to **Hong Kong** nursing student member

*** FREE 1 year CNHK membership, applicable to RN/EN or students studying an accredited nursing training program in Hong Kong

**Please send a cross cheque payable to “College of Nursing, Hong Kong” in person or by post to
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- Official video recording or photo taking may be undertaken during the nursing conference. These videos and photos may be used for publicity purpose.
- Seats are non-transferable and non-refundable.
- I and the above applicants have read, understood and agreed with the above terms and conditions.

Signature of group coordinator : _____ Date: _____
 Name of group coordinator : (_____)



香港護理學院
College of Nursing Hong Kong

香港護理學院護理會議 2018

暨

第五十五屆周年大會

「護理：引領之聲，實現可持續發展

目標 - 良好健康與福祉」

持續護理教育學分：
待定

2018年1月27日(星期六)

香港九龍窩打老道 23 號城景國際 2 樓水晶廳

類別	早鳥優惠 於31/10/2017或之前報名	於01/11/2017 之後報名	特別優惠
會員	\$600 [#]	\$700 [#]	/
學生會員			\$350* (名額有限)
非會員	\$1,000 # (包括一年香港護理學院會籍)** **只適用於註冊/登記護士或於香港認可護士訓練課程就讀的學生		

* 先到先得，額滿即止，適用於香港護士學生會員。

5 人或以上採用團體報名形式，可享會議註冊費 9 折優惠（只適用於團體報名表格）

查詢： 2572 9255
網址： www.cnhk.org.hk
Whatapps: 6975 3991

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敬備午膳及茶點以供享用

香港護理學院 2018 年度護理會議
二零一八年一月二十七日(星期六)

報名表

稱謂: 教授 博士 先生 女士 其他, 請列明: _____

姓氏: _____ 名字: _____

學院會員 \$600# 早鳥優惠, 於 31/10/2017 或之前報名
(永久會員、普通會員、附屬會員、學生會員) \$700# 適用於 01/11/2017 之後的報名
會員號碼: _____ \$350* 學生會員 (名額有限)

非學院會員 \$1,000# (包括一年香港護理學院會籍)**

*先到先得, 額滿即止, 適用於香港護士學生會員。

**只適用於註冊登記護士或已註冊認可護士訓練課程的學生之非會員

#5 人或以上採用團體報名形式, 可享會議註冊費 9 折優惠(只適用於團體報名表格)

地址: _____

工作機構: _____

電話號碼: _____ 傳真號碼: _____ 電郵地址: _____

請將已填妥的報名表格連同劃線支票 (抬頭為香港護理學院),
郵寄到本院或親臨到本院辦理報名手續。
香港灣仔告士打道 223 號海聯大廈 13 樓 A 及 C 室

條款及細則:

1. 所有個人資料僅供會議安排及登記之用。報名資料將於會議結束後銷毀。
2. 如需更改以上報名資料, 請將書面申請郵寄至香港灣仔告士打道 223 號海聯大廈 13 樓 A 及 C 室, 並註明學院行政主任收。
3. 於活動期間所拍攝之相片或影片, 本學院有可能用作活動宣傳及推廣服務之用途。
4. 報名一經確認, 名額不可轉讓, 亦不設退款。
5. 本人已閱讀、理解並同意上述條款和條件。

簽名: _____
姓名: (_____)

日期: _____

香港護理學院 2018 年度護理會議
二零一八年一月二十七日(星期六)
團體報名表

團體報名負責人 : _____
 工作機構 : _____
 聯絡電話 : _____
 電郵地址 : _____

	姓名	學院會員 (永久會員、普通會員、附屬會員、學生會員)	非會員
1.		<input type="checkbox"/> \$600(早鳥*) <input type="checkbox"/> \$700 <input type="checkbox"/> 學生\$350** 會員號碼: _____	<input type="checkbox"/> \$1,000 ***
2.		<input type="checkbox"/> \$600(早鳥*) <input type="checkbox"/> \$700 <input type="checkbox"/> 學生\$350** 會員號碼: _____	<input type="checkbox"/> \$1,000 ***
3.		<input type="checkbox"/> \$600(早鳥*) <input type="checkbox"/> \$700 <input type="checkbox"/> 學生\$350** 會員號碼: _____	<input type="checkbox"/> \$1,000 ***
4.		<input type="checkbox"/> \$600(早鳥*) <input type="checkbox"/> \$700 <input type="checkbox"/> 學生\$350** 會員號碼: _____	<input type="checkbox"/> \$1,000 ***
5.#		<input type="checkbox"/> \$600(早鳥*) <input type="checkbox"/> \$700 <input type="checkbox"/> 學生\$350** 會員號碼: _____	<input type="checkbox"/> \$1,000 ***
6.#		<input type="checkbox"/> \$600(早鳥*) <input type="checkbox"/> \$700 <input type="checkbox"/> 學生\$350** 會員號碼: _____	<input type="checkbox"/> \$1,000 ***
# 5 人或以上採用團體報名形式，可享會議註冊費 9 折優惠			總數: _____

* 早鳥優惠，截止日期為 31/10/2017

** 先到先得，額滿即止，適用於香港護士學生會員

*** 送贈一年香港護理學院會籍。只適用於註冊登記護士或已註冊認可護士訓練課程的學生之非會員

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3. 於活動期間所拍攝之相片或影片，本學院有可能用作活動宣傳及推廣服務之用途。
4. 報名一經確認，名額不可轉讓，亦不設退款。
5. 本人及上述申請人已閱讀、理解並同意上述條款和條件。

團體報名負責人簽名: _____ 日期: _____

團體報名負責人姓名: (_____)