



**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,  
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