

REPLY SLIP

Please reply on or before 15 September 2017 (Friday)

**Workshop on
“Stage 2 eHR Radiology Image Sharing”**

To: Ms Catherine SUM
Email: summm@ha.org.hk

The following *representatives of our organization will attend the workshop **on 17th October 2017 (Tuesday):**

(* Please nominate **two** physicians)

<u>Name</u>	<u>Post Title</u>	<u>Contact information</u> (Email and Telephone no.)	<u>Specialty</u> (Please ✓ in the appropriate box)
		Email: Telephone No.:	<input type="checkbox"/> Medical <input type="checkbox"/> Surgical <input type="checkbox"/> Orthopedics <input type="checkbox"/> A&E <input type="checkbox"/> Others, please specify
		Email: Telephone No.:	<input type="checkbox"/> Medical <input type="checkbox"/> Surgical <input type="checkbox"/> Orthopedics <input type="checkbox"/> A&E <input type="checkbox"/> Others, please specify

Contact Person: _____

Post Title: _____

Organization: _____

Contact Telephone No.: _____

Fax No.: _____

Email: _____

Date: _____