

The College of Surgeons of Hong Kong 25th Anniversary Mentorship Programme 2015



Reply Slip

Please complete and return to the Secretariat by fax at **2518 3200** or via email at <u>cathyfung@cshk.org</u> on or before 11 March 2015 (Wednesday).

Please tick the a	appropriate box below.
☐ I would lil	ke to be a mentee.
I am a □ year	r 1 □ year 2 student.
My preferre	d Specialty:
☐ Paediatric ☐ Urology S ☐ Neurosurg ☐ Plastic Sur	urgery (外科) with special interest in Surgery (小兒外科) urgery (泌尿外科) gery (腦外科) gery (整形外科) racic Surgery (心胸肺外科)
Gender:	
☐ Female	J Male
Marriage Sta	tus:
☐ Single ☐	Married
Personal Hol	oby:
1)	
2)	
•	n mentors: (Eg: hobby, personality, specialty, interest, format of interaction,
Signature	:
Name	÷
	(Please complete in Block Letters)
Name	: (In Chinese)
University	:
Contact no.	:
Email	: