



The Hong Kong College of Radiographers and Radiation Therapists

Computed Tomography Certification Examination/

Magnetic Resonance Imaging Certification Examination/

Nuclear Medicine Certification Examination

Date : 14th November Saturday

Time: 2:30pm – 5:30pm

Venue: Hong Kong Polytechnic University,

Application form

Name (Dr. / Mr. / Mrs. / Ms.): _____

Gender: M / F

Hospital / Clinic / Institution: _____

Correspondence Address: _____

Email: _____

Tel: _____

HKCRRT membership:

Associate Member

Member

Fellow

Non-member

Years of experience in Medical Imaging Informatics _____

Examination Fee: HK\$ 600

The first-year membership fee (\$600) will be waived if the candidate can be admitted as a member of HKCRRT

Signature: _____

Date: _____

Registration and Payment:

By Cheque with payee “HKRRTC” and addressed to “HKCRRT Secretariat”.

Send registration form together with the cheque for the appropriate fees by post to the HKCRRT Secretariat.

By ATM or Internet transfer to the HKRRTC account with the HSBC, Account Number: 848-331351-838.

Post, fax or email the registration form and the printout receipt of bank payment to the HKCRRT Secretariat

HKCRRT Secretariat, Room C-D, 10/F, Max Share Centre, 367-373, North Point, Hong Kong

Tel: 2805 1278

Fax: 2772 0730

Email: info@hkcrnt.org