

HONG KONG ACADEMY OF MEDICINE
Tai Chi Course Enrollment Form

Please ✓ the time you wish to enroll in (HKAM reserves the right to cancel a course due to insufficient enrolment or other reasons).

Every Tuesday and Friday

Early Morning Lunch Time Evening
07:30 – 08:30 13:00 – 14:00 18:30 – 19:30

Full Name: _____ Contact Tel: _____

College: _____ Contact Fax: _____

Car Reg. No.: _____ Email: _____

(Parking space will be allocated on a first-come-first-serve basis & will be confirmed to you by fax or email)

Please fill in the following if you choose to pay by your HKAM Manhattan Platinum Card.

Card Account No.: ———

Card Expiry Date: / (mm/yy)

Cardholder Name: _____

Total Amount: \$ 750.00 x = \$ (\$750 per person)

I hereby authorize the Hong Kong Academy of Medicine to debit the stated Total amount from the above HKAM Manhattan Platinum Card Account.

Cardholder's Signature: _____

You can mail or fax this form to the Academy (Fax no.: 2505 5577)

Please fill in the following if you choose to pay by cheque.

Bank: _____

Cheque No.: _____

Cheque Amount: \$ 750.00 x = \$ (\$750 per person)

Cheque should be made payable to "Hong Kong Academy of Medicine".

Please mail your cheque with this form.

HONG KONG ACADEMY OF MEDICINE
ACADEMY LOUNGE

- Name of Activity:** Elementary Tai Chi Course
- Objective:** Provide Tai Chi course for relaxation and fitness
Develop healthy figure
- Venue:** Fellows Garden, 3/F Academy Lounge,
Hong Kong Academy of Medicine Jockey Club Building,
99 Wong Chuk Hang Road, Aberdeen, Hong Kong
- Date:** 1 August 2003 – 25 August 2003
Every Tuesday and Friday
- Time:** Early Morning -- 07:30 – 08:30
Lunch Time -- 13:00 – 14:00
Evening -- 18:30 – 19:30
- Tutor:** Miss Kwan Kwan Ying
香港武術聯會
- Fee:** \$ 750.00 (8 lessons per month)
- Medium of Instruction:** Cantonese
- Course Outline:** 楊家 24 式, 段位 8 式及 16 式
- No. of Participant:** 8 to 10 person per group
- Application Deadline:** 15 July 2003
- Enquiries:** Ms. Joeie Wong at telephone 2871 8737