Medical Alumni Contact Update Form



Please "✓" the appropria	ate box(es)	
Surname *		
Given Name *		
Chinese Name *		
Year of Graduation *		
Specialty * (e.g. internal medicine, surgery, paediatrics)		
☐ Private Clinic ☐ Hospital ☐ Others		
Mobile *		
Email *		
Providing the following personal information is <u>Optional</u> .		
Tel. No. (Office)		
Fax No.		
Correspondence Address		
If you WISH to receive the CUHK Medical Alumni Newsletter from the Faculty, please state your preference below.		
☐ e-copy only	□ hard-copy only □ Both □ No	
☐ I do not wish to be contacted by the Faculty of Medicine, CUHK for direct marketing purposes relating to solicitation of donations and/or promotion of activities of the Faculty.		

Medical Alumni Affairs

Personal Information Collection

Faculty and Planning Office Faculty of Medicine Room 101, 1/F Choh-Ming Li Basic Medical Sciences Building The Chinese University of Hong Kong Shatin, N.T., Hong Kong



The personal data collected will be used by CUHK Medicine as well as internal departments for direct marketing and non-direct marketing purposes. We will do this through various communication channels such as direct-mail, email, telephone, SMS and messaging tools by using your personal data. The personal data collected will be treated in strictest confidentiality. The Faculty will not disclose any personal data provided by you to any external bodies or organisations unless you have been previously informed or the Faculty is required to do so by law. The personal data collected will be synchronised with the University's alumni database. If you do not wish

to receive emails from the Faculty in the future or should you have further enquiries, please let us know at medical_alum@med.cuhk.edu.hk.

ONLINE UPDATE:

alumni.med.cuhk.edu.hk



Please return this form to Medical Alumni Affairs, Faculty and Planning Office,

Faculty of Medicine, CUHK by

Fax: (852) 3942 0904 or

Email: medical_alum@med.cuhk.edu.hk