



香港藥學會

The Pharmaceutical Society of Hong Kong

Room 1303, Rightful Centre, 12 Tak Hing Street, Jordan, Hong Kong

Tel: (852) 2376 3090 | Fax: (852) 2376 3091

E-mail: pharmacist@pshk.hk

Website: <http://pshk.hk>

Application Form for Access to MedicinesComplete by PSHK members

Name:	PSHK membership no.:
Email address (will be the username):	Telephone no.:

I wish to apply for access right to the MedicinesComplete. I hereby declare that:

1. I have read and agree to the terms and conditions of the [User Agreement](#).
2. I shall keep my MedicinesComplete access details confidential and will not disclose them to any other person or otherwise allow any other person to access the Publications.
3. I will not store any material from MedicinesComplete on any computer or server, so that it is publicly available by users other than members of PSHK;
4. In using the publications of the MedicinesComplete, I may display the Publications on screen and print off single screens: in each case for non-Commercial Use only. At no stage must copies be made of a substantial part of the Publications.

Signature:

Print Name of member:

Date:

(After completion, the application form must be signed and return to PSHK office by fax to: 23763091 / email to: mc@pshk.hk / mail to: Room 1303, Rightful Centre, 12 Tak Hing Street, Jordan, Hong Kong)