



THE HONG KONG COLLEGE OF OTORHINOLARYNGOLOGISTS

香 港 耳 鼻 喉 科 醫 學 院

AUTHORIZATION FORM (Collection of College Souvenirs)

Dear Secretary

I, _____ hereby authorize
(Name in BLOCK LETTERS)

Mr / Ms / Mrs _____ to collect the
(Name in BLOCK LETTERS)

following items on my behalf:

Item		Size
College Metal Pin	1	----
Quick-drying Polo shirt Colour: Navy Blue Logo: white screen-printed college logo on the chest	1	



Size (inch)	XXS	XS	S	M	L	XL
A Width	20.5	21.5	22.5	23.5	24.5	25.5
B Length	27	28	29	30-1/4	31-1/4	32-1/4
C Shoulder Width	17-1/2	18-1/2	19-1/2	20-1/2	21-1/2	22-1/2

Signature: _____

Date: _____