

Application Form for Accreditation of Category A Meetings (for Individual Fellows)

Name of Fellow _____

Name in Chinese _____

CME Number _____

Practising Address _____

Telephone no. _____

FAX no. _____

Email @ _____

Details of activities _____

Organizing body _____

Venue _____

Date(s) of meeting _____

I ☐ will ☐ will not be presenting paper / posters in this meeting.

Signature: _____ Date _____

Please ensure that (1) this application form together with (2) brochure or pamphlet of the programme should reach the College Secretariat by fax or by mail four weeks before the scheduled meeting.

Official use only:

The College is prepared to approve _____ points for _____

_____ points for _____

_____ points for _____

Please retain (1) this form, (2) Certificate of Attendance or Registration for future use.

Signed on behalf of the CME Subcommittee.

Name in block letters: _____

Date: _____