

HONG KONG COLLEGE OF PAEDIATRICIANS

Application Form of Category A Meetings (Individual Fellows)

Name of Fellow _____

Name in Chinese _____

CME Number _____

Email _____

Practicing Address _____

Telephone no. _____

Event Name _____

Event Date _____

Event Time _____

Organizer _____

Venue _____

I ☐ will not
☐ will 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: _____