

HKMA CME Programme 香港醫學會持續進修計劃

CME Lecture – June 2009 進修講課 — 二零零九年六月

CME EVENT 講課簡介

11 June 2009 (Thursday)
**HKMA Structured CME Programme with HKS&H
 Session VI: Management of Kidney Stone**

Dr. WONG Wai Sang

Director, Urology Centre, HKS&H
 MBBS (HK), FRCS (Edin), FRACS, FCSHK, FHKAM
 (Surgery), FRACS (Urology), Specialist in Urology

This symposium is co-organized with
 Hong Kong Sanatorium & Hospital



VENUE & TIME 地點及時間

**Note: Venue has been changed to:
 The HKMA Wanchai Premises,
 5/F., Duke of Windsor Social Service Building,
 15 Hennessy Road, Wanchai, HK**

Lecture: 2:00–3:00 p.m.
 (Light lunch will begin at 1:15 p.m.)

**注意：地點已改為：
 灣仔軒尼詩道十五號溫莎公爵社會服務大廈五樓
 香港醫學會灣仔會所
 講課：下午二時至三時正
 (茶點於下午一時十五分開始)**

REGISTRATION:

Please fill in and return the Registration Form together with a cheque of adequate amount made payable to "The Hong Kong Medical Association" to 5/F Duke of Windsor Social Service Building, 15 Hennessy Road, Hong Kong. Each lecture will carry **1 CME point** under the **MCHK/HKMA CME Programme** (unless otherwise stated). Accreditation from other colleges is pending. (The Secretariat fax no.: 2865 0943)

Please be informed that Confirmation Letter of Registration is required. If you have not received any replies, please do not hesitate to contact us at 2527 8452.

報名方法：

請填妥表格連同支票寄交香港灣仔軒尼詩道十五號溫莎公爵社會服務大廈五樓，支票抬頭請書明支付「香港醫學會」。參加者可獲醫務委員會/香港醫學會持續醫學進修計劃積分一分（除特別註明外）。其他專科學院之學分尚在申請中。（秘書處傳真號碼：2865 0943）

參加者需持有講課確認通知書出席持續醫學進修講課。假若你沒有收到任何通知，請致電 2527 8452 查詢。

Please register for participation. First come, first served. 名額有限 請早登記

Reply Slip 回條

I would like to register for the following CME lecture(s) 本人欲報名參加以下講課:

HKMA Structured CME Programme with HKS&H		HKMA Member	CME Participants
11 June 2009 Note: Venue has been changed to: HKMA Wanchai Premises at 5/F., Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai.	HKMA Structured CME Programme with HKS&H Year 2009 Session VI – Management of Kidney Stone	HK\$50 <input type="checkbox"/>	HK\$80 <input type="checkbox"/>

Please "✓" as appropriate.
 請在適用處加上 ✓ 號

I enclose herewith a cheque of 現隨表格附上支票一張作為講課之報名費用：HK\$港幣 _____

Name 姓名：_____ Tel No 電話：_____ Fax No. 傳真：_____

HKMA Membership No. 會員編號

or HKMA CME No. 或進修號碼：_____ Signature 簽名：_____

Data collected will be used and processed for the purposes related to the MCHK/HKMA CME Programme only. All registration fees are not refundable or transferable.
 個人資料將用於有關香港醫學會持續醫學進修計劃之事宜。所有報名費用將不給予退還或轉授予其他會員。