

HKMA Structured CME Programme at QEH/PMH — Registration Form

香港醫學會分科進修課程報名表格

I would like to register for the following lecture(s) 本人欲參加下列講課：

			HKMA Member 香港醫學會會員	CME Participants (Non-HKMA member) 持續進修參加者 (非香港醫學會會員)
			HK\$50	HK\$80
QE H	18 January 2009	Family Medicine	<input type="checkbox"/>	<input type="checkbox"/>
	8 February 2009	Family Medicine and Dermatology	<input type="checkbox"/>	<input type="checkbox"/>
	8 March 2009	Clinical Oncology & Cardiothoracic Surgery	<input type="checkbox"/>	<input type="checkbox"/>
PM H	22 February 2009	Oncology	<input type="checkbox"/>	<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。