

Application Form for Accreditation of Category A/B Meetings (for Organizations)

To : CME Subcommittee
C/o HKCPaed, Room 808, HK Academy
of Medicine Building, Wong Chuk Hang
Road, Aberdeen, HK
Phone: 2871 8871
Fax: 2785 1850
Email:
Date: _____

From: _____

Fax no. : _____
Email: _____
Phone no. : _____

The detailed programmes are attached. We confirm that the meetings are open to all Fellows of the Hong Kong College of Paediatricians. We shall make announcements by reasonable means to reach the Fellows of HK College of Paediatricians.

We confirm that the following information can be displayed in the homepage of HK College of Paediatricians :

Topic:	
Organizer:	
Venue :	
Date :	
Time :	
Speaker :	
Coordinator :	
Contact person (phone no.) :	

(use additional sheets if necessary)

We confirm that we shall
(please tick appropriate box)

- Display the College Attendance Sheets each day for the Fellows of Hong Kong College of Paediatricians to sign, and send the Attendance Sheets to the College Secretariat within 7 working days after the meeting; or
- Issue certificates of attendance to all participants.

Signed _____

Organising Body _____

Date _____