

The Family Planning Association of Hong Kong

Thirteenth Refresher Course on Colposcopy

Date: 29 May 2010 (Saturday)

<u>Time</u>: 2:30 p.m. to 4:30 p.m.

Venue: Auditorium, FPAHK, 8/F, Southorn Centre

130 Hennessy Road, Wanchai, HK

Fee: HKD 200 for members; or

HKD 350 for non-members

This is the thirteenth refresher course on colposcopy, jointly organized by the Hong Kong Society for Colposcopy and Cervical Pathology and the Family Planning Association of Hong Kong. Twenty-five colposcopy cases will be discussed and these cases will be counted for the 3-yearly reaccreditations program for accredited colposcopists. All doctors including pathologists and nurses are welcomed.

Application of CME and CNE points is underway:

2 CME points from Hong Kong College of Obstetricians & Gynaecologists including Colposcopy & Gynaecological Oncology

- 2 CME points from Hong Kong College of Pathology
- 2 CME points from Medical Council of Hong Kong (for all practicing doctors)
- 2 CNE points from Nursing Council of Hong Kong

Attendance Certificate will be issued

Enrollment method: Application form can be downloaded from FPAHK website at www.famplan.org.hk

Enquiry: Ms. Michelle Lee 2919 7738

Closing Date: 14 May 2010





and Cervical Pathology

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- 2 CME points from Medical Council of Hong Kong (for all practicing doctors)
- 2 CNE points from Nursing Council of Hong Kong

Attendance Certificate will be issued

Fee: HKD 200 for members & HKD 350 for non-members (Lunch not provided)

Enquiry: 2919 7738 (Michelle Lee, FPAHK)

Enrollment Method: Course information and application form can be downloaded from FPAHK website at <u>www.famplan.org.hk</u>. A completed enrollment form and a crossed cheque made payable to "**The Family Planning Association of Hong Kong**" should be sent to "**13th Refresher Course on Colposcopy**", Ms Michelle Lee, The Family Planning Association of Hong Kong, 10/F Southorn Centre, 130 Hennessy Road, Wanchai, H.K. on or before 14 May 2010.



Thirteenth Refresher Course on Colposcopy



Enrollment Form

(Please print your name as it should appear on the certificate)

Full Name:		
Sex:	(M / F)	
Corresponding Add:		
E-mail:		
Phone Number:	(Office)	(Mobile/Pager)
Unit:	(Hospita	al/Clinic/Private Practice)
Cheque Amount:	HKSCCP member (HKD 200)	
(Please tick \checkmark)	Non HKSCCP member (HKD 350)	
	Please made payable to "The Family Planning As	ssociation of Hong Kong"
Cheque Number:		
Date:		
Official Use Only	Receipt No.:	