THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

香港家庭醫學學院

Small Discussion Group Attendance and Synopsis Form

Group Name:	Group Number assigned by Bd Edu:				
Topic:					
Moderator:			Speaker:		
Starting Time:					
Member Present:					
Name	HKCFP Member ID	Signature	Name	HKCFP Member ID	Signature
1.			9.		
2.			10.		
3.			11.		
4.			12.		
5.			13.		
6.			14		
7.			15.		
8.					
Synopsis:					

Kou Point/o) Loomod					
Key Point(s) Learned:					
Please complete your synopsis using this form OR attach your synopsis with this form.					
Signature of Moderator:	Date:				

Please e-mail this form with the synopsis to education@hkcfp.org.hk or fax to 2866 0616. For enquiry please contact our College Secretariat at 2871 8899.