

THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

香港家庭醫學學院

Registration Form, Small Discussion Group, Board of Education

New Application / Annual renewal / Member List Update (delete as appropriate)

Name of Group: _____ Group Number assigned by Bd Edu: _____

Name of Group Leader: _____ HKCFP Member ID: _____

Address of Group Leader: _____

Telephone: _____ Mobile Phone: _____

Fax: _____ E-Mail: _____

Meeting Venue: _____

Frequency of Meetings: _____

Date and Time of Meeting: Mon / Tue / Wed / Thur / Fri / Sat / Sun
between _____ am/pm to _____ am/pm

Name of Members	HKCFP Member ID
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Name of Members	HKCFP Member ID
9.	
10.	
11.	
12.	
13.	
14.	
15.	

Signature of Group Leader: _____

Date: _____

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