***CME/CPD Programme***

**Appendix IV****b**

**Attendance Form (For Participants)**

Page No. 1 of \_\_\_

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| Date : |  |  |  | Time : (From) |  |  (To) |  | CDSHK Reply Form No. : |  |
| Title of Meeting : |  |  |  |  |  |  |  |  |
| Organiser :  |  |  |  |  |  |  |  |
| Contact Person : |  | Contact Phone No.: |  | Fax No. : |  |

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| **Credits :** | **CDSHK****(CME/CPD Points)**\_\_\_\_\_\_ | **Category****(Please ✓)**A ❒B ❒C ❒ |  | **DCHK** **(CPD Points)****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Category****(Please circle)**ComDent / Endo / FamDent / OMS / Ortho / PaeDent / Perio / Prostho / Miscellaneous Dental topics |  | **HKDA****(CPD Hours)****\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Name of Participant****(In Full Name with BLOCK Letters)** | **Dental Council Registration No.****(If Applicable)** |  | **CDSHK Programme** |  | **DCHK Programme** |  | **Signature** |
| **Fellows or Specialists** | **MGD** | **Specialist****Trainees** | **CPD Administrator** |
| **CDSHK** | **Dept of****Health** | **HKDA** |
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**(Photocopied forms will also be accepted)**

**\*\*Please return the completed form to the following CME/CPD Administrators within 2 weeks after the meeting\*\***

**The College of Dental Surgeons of Hong Kong, Fax. No.: (852) 2873 6731**

**Dental Services, Dept. of Health, Fax. No.: (852) 2573 0518**

**Hong Kong Dental Association Ltd., Fax. No.: (852) 2529 0755**

**Rev. Jan-2014**

***CME/CPD Programme***

**Attendance Form (For Participants)**

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| Title of Meeting : |  | Event Date : |  | Page No. |  | of |   |

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| **Name of Participant****(In Full Name with BLOCK Letters)** | **Dental Council Registration****No.****(If Applicable)** |  | **CDSHK Programme** |  | **DCHK Programme** |  | **Signature** |
| **CPD Administrator** |
|  | **Fellows or Specialists** | **MGD** | **Specialist****Trainees** |  | **CDSHK** | **Dept of****Health** | **HKDA** |  |
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