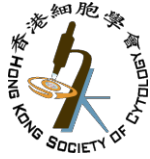


Hong Kong Society of Cytology

Jointly Organized with

Histopathology and Cytology Laboratory Public Health Laboratory Services Branch, Department of Health



Multi-headed microscope sessions

Effusion Fluid Cytology

Speakers: Dr. Richard WONG

**Associate Consultant, Department of Pathology
Pamela Youde Nethersole Eastern Hospital**

Venue: 6th floor, Public Health Laboratory Centre, Shek Kip Mei, Kowloon

Date: 6 May 2017 (Saturday)

Chairperson: Dr. MAK Siu Ming

Time	
13:45-14:00pm	Registration
14:00-15:30pm	Multi-headed microscope session 1 (Rm. 633)
15:30-16:00pm	Break / Registration
16:00-17:30pm	Multi-headed microscope session 2 (Rm. 633)

***The two Multi-headed microscope sessions are identical
Spaces are limited. Registration will be handled on first come first served basis***

- CME / CPD Accreditation:
The Hong Kong College of Pathologists, Medical Council of Hong Kong (including Hong Kong Academy of Medicine, Department of Health, Hong Kong Doctors Union and Hong Kong Medical Association)
1.5 points for each multi-headed microscope session
- Medical Laboratory Technologists Board:
1.5 points for each multi-headed microscope session (Code: 10170011)
- **For registration,**
 - Free for HKSC members & staff of H&C Lab, PHLSB, DH
 - **No on-site membership renewal**, please renew membership by sent crossed cheque \$100 to “Hong Kong Society of Cytology”
- **Please send the reply slip to:**
Rm317, Clinical Pathology Building, Queen Mary Hospital,
102 Pokfulam Road, Hong Kong.
Attn. Ms. Elaine Szeto (Assistant Secretary)
- **Or fax the reply slip to 22554501 Attn. Ms. Elaine Szeto**
- **Deadline of Registration: on / before 7th April, 2017**
- **The list of registrants will be posted on the society’s website www.cytology.org.hk after 26th April 2017.**
For further information, please contact Mr. Manson Wong by 39494343.

Reply Slip (R.S.V.P.)

~ Multi-headed microscope sessions ~

Date: 6 May 2017 (Saturday)

Speakers: Dr. Richard Wong

Jointly organized with Histopathology and Cytology Laboratory, PHLSB, DH

Free for HKSC members & staff of H&C Lab, PHLSB, DH

Members of HKSC: Y/N _____ Staff of H&C Lab, PHLSB, DH: Y/N _____

_____ Title Last Name First Name Middle I.

Name of Hospital / Laboratory: _____

Contact No. (Tel / Fax): _____ E-Mail: _____

****Please indicate which Multi-headed microscope session prefers: (1, 2) _____***

No on-site membership renewal

For membership renewal, please sent crossed cheque \$100 to “Hong Kong Society of Cytology”

Bank name: _____ Cheque No: _____

(Please write your name, hospital/institute name and Tel No. at back of cheque)

Map:

